

Freedom of Info - Amended Complaint

Pro Se General Complaint for a Civil Case (Rev. 10/16)

18 USC 1028

An Act, Net Act 44 USC 83 sec Banking Act  
Sec 1: Div 1  
Title 2 sec 30233 for the  
sec 206-207  
United States District Court  
NORTHERN DISTRICT OF ALABAMA  
2022 JUN 21 P 2:09

Christopher Devon Davis

Plaintiff

(Write your full name. No more than one plaintiff may be named in a pro se complaint)

v. Darden Restaurants  
Principal Financial Group  
Vocation Rehabilitation Services  
Social Security Administration  
dollarTree  
homewood Police  
T-Mobile

Defendant(s)

(Write the full name of each defendant who is being sued. If the names of all defendants cannot fit in the space above or on page 2, please write "see attached" in the space and attach an additional page with the full list of names)

Case No.: 2:22-CV-696-GMB  
(to be filled in by the Clerk's Office)

JURY TRIAL ☐ Yes ☐ No

experian  
Transunion  
equifax  
EEOC Equal employment opp. c  
Department of labor

Amended

COMPLAINT FOR A CIVIL CASE

I. The Parties to This Complaint

A. The Plaintiff

Name

Street Address

City and County

State and Zip Code

Telephone Number

B. The Defendant(s)

Provide the information below for each defendant named in the complaint, whether the defendant is an individual, a government agency, an organization or a corporation. If you are suing an individual in his/her official capacity, include the person's job or title. Attach additional pages if needed.

Adam  
E  
Goodman

Christopher Devon Davis , Wednesday, March 2, 2022

- Since I was hired by Olive Garden/ Darden Restaurants my paychecks have been wrong. I have received more money and less money than I should have for the hours I worked.
- I am listed with the company as a re-hire, however I never worked there before
- They are not taking taxes out of my check
- My paystubs reflect hours I did not work
- I talked to my supervisors, Richard Sheppard, Dustin, Ms. Lynn, and Ms. Jenny in Darden Restaurants Corporate.
  - Their only response is to ask me to fill out new tax documents.

# UNITED STATES DISTRICT COURT

FILED

for the

Northern District of Alabama

2022 JUN -1 P 2: 27

U.S. DISTRICT COURT  
N.D. OF ALABAMA

Case No.

2:22-cv-1694-GMB  
(to be filled in by the Clerk's Office)

44 USC

12 USC 1029

18 USC 1028

Christopher Devon Davis

Plaintiff

(Write your full name. No more than one plaintiff may be named in a pro se complaint.)

Jury Trial: (check one) ☐ Yes ☐ No

Darden Restaurants

Principal Financial Group

-v- Vacation Rehabilitation Services

Social Security Administration

Dollar Tree

Dept. of Labor

EEOC

Olive Garden/Darden Restaurants

Defendant(s)

(Write the full name of each defendant who is being sued. If the names of all the defendants cannot fit in the space above, please write "see attached" in the space and attach an additional page with the full list of names.)

Tranunion

Equifax

Experian

T-Mobile

## COMPLAINT FOR EMPLOYMENT DISCRIMINATION

### I. The Parties to This Complaint

#### A. The Plaintiff(s)

Provide the information below for each plaintiff named in the complaint. Attach additional pages if needed.

Name

Christopher Devon Davis

Street Address

1648 woodland ave SW

City and County

Birmingham Jefferson Co.

State and Zip Code

Alabama 35211

Telephone Number

205-504-6113

E-mail Address

Super1185God@gmail.com

Witness

Adam

E

Goodman

6/21/22

EEOC Form 5 (11/09)

CHARGE OF DISCRIMINATION

This form is affected by the Privacy Act of 1974. See enclosed Privacy Act Statement and other information before completing this form.

Charge Presented To: Agency(ies) Charge No(s):  
EEOC 420-2022-01165

State or local Agency, if any

and EEOC

Name (indicate Mr., Ms., Mrs.)

Christopher D. Davis

Home Phone

(205) 504-6113

Year of Birth

Street Address

8324 12th Ave South

BIRMINGHAM, AL 35206

Named is the Employer, Labor Organization, Employment Agency, Apprenticeship Committee, or State or Local Government Agency That I Believe Discriminated Against Me or Others. (If more than two, list under PARTICULARS below.)

Name

Olive garden

No. Employees, Members

15 - 100 Employees

Phone No.

Street Address

3555 Roosevelt blvd.

TRUSSVILLE, AL 35235

Name

No. Employees, Members

Phone No.

Street Address

DISCRIMINATION BASED ON

Disability, Race

DATE(S) DISCRIMINATION TOOK PLACE

Earliest

12/03/2021

Latest

03/09/2022

Continuing Action

THE PARTICULARS ARE (If additional paper is needed, attach extra sheet(s)):

I am an African American with a disability. I was hired by the above-named employer on November 29th, 2021 as cook prep. During my employment, I have experienced issues with my wages and have complained to my supervisor and kitchen manager Dustin LNU (white) and General Manager Richard Sheppard (white). On or around December 3, 2021, I received a check for \$0.00. When I spoke to Dustin, he said it was normal because I was just getting on the payroll. On or around December 10, 2021, I received a paycheck with a \$10.00 per hour rate. I asked Dustin why I was receiving a lower rate than I had agree to, and he told me this was the training rate. In February, I missed work due to family matter, and Dustin called me while I was out, even though, to me, my family came first. On or around February 14, 2022, Dustin called me a nigger. I have spoken to HR about these issues and nothing has been done to this date. Although HR has told me I am still employed, I have not been able to access the online schedule. I do not believe I should be expected to go into the restaurant to check the schedule, so I have not reported to work. I believe that I have been discriminated because of my race and my disability, in violation of Title VII of the Civil Rights Act of 1964, as amended. I also believe I have been discriminated against because of my disability in violation of the Americans with Disabilities Act of 1990, as amended.

I want this charge filed with both the EEOC and the State or local Agency, if any. I will advise the agencies if I change my address or phone number and I will cooperate fully with them in the processing of my charge in accordance with their procedures.

NOTARY - When necessary for State and Local Agencies

I declare under penalty of perjury that the above is true and correct.

I swear or affirm that I have read of my knowledge, information  
SIGNATURE OF COMPLAINANT

Christopher Davis

Date 3-9-22

Charging Party Signature

SUBSCRIBED AND SWORN  
(month, day, year)

Adam E Goodman - witness to data breach

## Pro Se 7 (Rev. 09/16) Complaint for Employment Discrimination

☒ An Act  
 Relevant state law (specify, if known):  
Sec. 1; Div. A; Title Two: Sec 201-207) sec 302, 303  
☒ An Act, Net Act  
 Relevant city or county law (specify, if known):  
sec. 83 44 USC. Paperwork Act

**III. Statement of Claim**

Write a short and plain statement of the claim. Do not make legal arguments. State as briefly as possible the facts showing that each plaintiff is entitled to the damages or other relief sought. State how each defendant was involved and what each defendant did that caused the plaintiff harm or violated the plaintiff's rights, including the dates and places of that involvement or conduct. If more than one claim is asserted, number each claim and write a short and plain statement of each claim in a separate paragraph. Attach additional pages if needed.

A. The discriminatory conduct of which I complain in this action includes (check all that apply):

- ☒ Failure to hire me.  
☒ Termination of my employment.  
☒ Failure to promote me.  
☒ Failure to accommodate my disability.  
☒ Unequal terms and conditions of my employment.  
☒ Retaliation.  
☒ Other acts (specify): sec 83 Freedom of information

paperwork act

(Note: Only those grounds raised in the charge filed with the Equal Employment Opportunity Commission can be considered by the federal district court under the federal employment discrimination statutes.)

B. It is my best recollection that the alleged discriminatory acts occurred on date(s)

C. I believe that defendant(s) (check one):

- ☒ is/are still committing these acts against me.  
☐ is/are not still committing these acts against me.

Adam E. Goodman - witness

the account. Reviewing the account includes activities related to account maintenance, monitoring, credit line increases, and account upgrades and enhancements.

- **You may seek damages from violators.** If a consumer reporting agency, or, in some cases, a user of consumer reports or a furnisher of information to a consumer reporting agency violates the FCRA, you may be able to sue in state or federal court.
- **Identity theft victims and active duty military personnel have additional rights.** For more information, visit [www.consumerfinance.gov/learnmore](http://www.consumerfinance.gov/learnmore).

**States may enforce the FCRA, and many states have their own consumer reporting laws. In some cases, you may have more rights under state law. For more information, contact your state or local consumer protection agency or your state Attorney General. For information about your federal rights, contact:**

**Notice to Employees and Former Employees of the Council of the Inspectors General on Integrity and Efficiency Regarding Whistleblower Protection and Nondisclosure Policies, Forms, or Agreements**

The Whistleblower Protection Enhancement Act of 2012 (WPEA) was signed into law on November 27, 2012 (P.L. 112-199). The law strengthens protections for Federal employees who disclose evidence of waste, fraud, or abuse. In addition, the WPEA modifies rules on the use of nondisclosure policies, forms, or agreements by government agencies (collectively NDAs).

Among other requirements, the WPEA provides the following: "Agencies making use of any nondisclosure policy, form, or agreement shall also post the statement required under section 2302(b)(13) of title 5, United States Code (as added by this Act) on the agency website, accompanied by the specific list of controlling Executive orders and statutory provisions."

Pursuant to this requirement, the Council of the Inspectors General on Integrity and Efficiency (CIGIE) posts the following statement and directs current and former CIGIE employees to read the statement as if it were incorporated into any NDA they may have signed.

**These provisions are consistent with and do not supersede, conflict with, or otherwise alter the employee obligations, rights, or liabilities created by existing statute or Executive order relating to (1) classified information, (2) communications to Congress, (3) the reporting to an Inspector General of a violation of any law, rule, or regulation, or mismanagement, a gross waste of funds, an abuse of authority, or a substantial and specific danger to public health or safety, or (4) any other whistleblower protection. The definitions, requirements, obligations, rights, sanctions, and liabilities created by controlling Executive orders and statutory provisions are incorporated into this agreement and are controlling.**

Additionally, please be aware of the following Executive orders and statutory provisions. These provisions control in the case of any conflict with an agency's NDA:

- Executive Order No. 13526;
- Section 7211 of title 5, United States Code (governing disclosures to Congress);
- Section 1034 of title 10, United States Code, as amended by the Military Whistleblower Protection Act (governing disclosures to Congress by members of the military);
- Section 2302(b)(8) of title 5, United States Code, as amended by the Whistleblower Protection Act of 1989 (governing disclosures of illegality, waste, fraud, abuse, or public health or safety threats);
- Intelligence Identities Protection Act of 1982 (50 U.S.C. 421 et seq.) (governing disclosures that could expose confidential Government agents);
- The statutes which protect against disclosures that may compromise the national security, including sections 641, 793, 794, 798, 952, and 1924 of title 18, United States Code; and
- Section 4(b) of the Subversive Activities Control Act of 1950 (50 U.S.C. 783(b)).

21S1737D65553  
10/11/2021

Page 5 of 5

# **HOW WE FIGURED CHRISTOPHE D. DAVIS' PAYMENT FOR November 2021 ON**

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## **His Payment Amount**

The most SSI money the law allows us to pay	\$794.00
Minus (-) "Total income we count" (see below)	<u>- 61.13</u>
<b>Total Monthly SSI Payment for November 2021 on</b>	<b>\$732.87</b>

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## **His Income Other Than His SSI**

Income he receives in September 2021 on affects his payment for November 2021 on

Wages	\$207.27
By law we don't count \$20.00 of above income	<u>- 20.00</u>
Subtotal	\$187.27
By law we don't count \$65.00 of wages	<u>- 65.00</u>
By law we don't count 1/2 of this amount	\$122.27
1/2 of \$122.27 = \$61.14 *	<u>- 61.14*</u>
Wages we count	\$ 61.13
<b>Total income we count</b>	<b>\$ 61.13</b>

\* beside a number means we have rounded the number

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~~Plaintiff~~ - Witness  
 Eubank

My Name is Christopher Devon Davis  
 not Chris Davis I did not come  
 to AdRS in 2-3-20 Fraud I came  
 2019 My Start date For dollar tree  
 was Sept. 16, 2019 not Sept. 13, 2019 I  
 was a Stocker 7.35 hour and I was  
 "not" Ever a Casher 9.30 hour and I did  
 not make 7.50 Stocker and My last day  
 At dollar tree was 11-28-21 and My  
 First day at Olive Garden was 11-29-21 line  
 Cook 14.50 Now my hire date 11-29-21 not  
 11-22-21. Interview Dustin Johnson "KM" on  
 11-24-21 at 4:00pm I was told to get  
 shoe and black pants Tadarass Powell  
 my best friend for 28 years refered  
 My first check was blank 12-3-21 and  
 12-10-21 was \$10.00 a hour I told  
 Dustin he said I had a week in the hold  
 and said it was training the I had a  
 overtime Vd. 12-24-21 the 12.00 and  
 14.50 Complaining made it worse I put me  
 on Salad I had to give the sald for my Job  
 will everone lauged say they never sene this  
 before and I had a scale he Mr Richard Sheppard  
 said he was lost money on the sald cause  
 waiter's was stealing and IF they did I was Fired

~~Ex~~ - W. TUES  
Goodman

bank Card Fraud Debt cards

Elite - paychexplus

10-22-21 — 12-3-21 Fraud

Darden Elite paychexplus

Direct EXPRESS Fraud Card and Receipts

T-Mobile data breach on dark web Aug 2021, Jan 2022

5-18-22 Experian Fraud Member ID on 12th

report 2354-4810-88 Summary benefits ID protection Fraud Credit Report

Equifax - Fraud Rihired

Tranunion-dollar tree Fraud Credit Report

dollartree Ver. inactrat Fraud and olive garden

Ann. Credit has not been update in my dispute's fraud Act. Wmy Name

Christopher D. Davis Christopher Davis

Name ID #5367 Fraud Credit Report Name ID 1221

dollartree NO W2 lock out OF PSF

Proof My Phone's are Evedente Data breach

Ed. Check's on phone NEVER good

Info Mr. Viltor made my friend use his email

and my Aunt PA+SU ggs Adam Goodman

Never got in the Portar / because Hacker set

Adam  
E. Gooden - witness  
Gooden

Mrs. Nelson was trying to help me all that week with my hiring and pay he stop her Mr Richard Sheppard a said he'd take care of it Krowd app record's Fraud Rehire Contract by Principal 9-15-2021 I was not there or 6-30-21 or Fraud Act's Contract /plan ID Number 3-00774 Fraud Identity Theft Adrs Fraud 2-3-20 SSI ~~the~~ paperwork reduction Act Fraud Co. Christopher Davis for Jemetrice A. Mathews "Brother" for Christopher D. Davis "Fraud May no benef's No right to talk in the build Adam Gooden was suppose to be my payee the gave me a lot of blue fold and said put it in a drop box and we did never called the "saw" Fraud 18 vsc 1028 did nothen about it the I when by mySELF got Kicks out then me and my brother is try to disupte the wort let me a send a Fraud Check and receipt I have a lot of Fraud Paperwork My mom died on my birth 11-8-12 Soc. security know I have nobody they did my Claim Ms with Trussville office

Adam E. Goodman - witness

on 2-10-22 they said they call "Jenny"  
 Video record EEOC info Freedom act in the  
 Office I had to call all the time to  
 her when I work and take my kids  
 bagging ever week when to work Krowd  
 App Fraud Manager Shipe's working  
 me while I want not on the clock  
 I worked 16:43 2-20-22 pay period  
 a Fraud Check for \$13,000.00 It  
 was \$1658 check 92 hour 823?  
 they said worked 40 hour but I  
 did not I had two deaths in  
 the family Adam Goodman mother  
 and my untee Debra Grayson my  
 Mother's sister Dustin said my job  
 was on the line a just let me go  
 to funeral and I was grieving not give  
 a chance to be with my family on 2-14-22  
 I was called a "Nigger" I was on  
 App's the the new "White" lady I was  
 told to do bread or go home then I asked  
 why Mr. Richard Shepherd said go to my  
 Office then told to quit or do bread  
 Mr. Negon in the Office witness he will  
 be my witness in the office to her -

Adam E Goodman - witness

## Complaint Explanation

Have you filed this Complaint  
with another regulatory agency "Yes"  
EEOC, FTC, CFpb, SSI, OIG, Vocal Reb  
<sup>case #</sup>  
420-2022-01165 Equifax, the Work Number  
Ms. Victoria Tolley 205-290-4490 - Voc. Reb. case mang.  
Ext. <sup>3</sup> 0753 → <sup>case #</sup> Ms. Maki Nardoc. Judge Wallace  
State of Alabama dept. of Labor, FBI Birmingham  
Alabama Legal Aid Birmingham  
Julian Cook <sup>us</sup> Dept of Labor investigator  
Christopher Davis 4-25-22 Christopher Devon Davis



... I never got in my potaleeoc

Freedom act . info and Rehabilitation Act  
and Fraud Act Covid Act on Job  
and SSI SSS Act Equal Pay Act  
and Sec. 83 bill of Right ~~Act~~  
Labor law 1978 1990 223-1710(1)

I work 16:43 hours week 20-22 I have  
the Paycheck stub and how many hours I work  
they said I work 40 hours but I did  
at Olive garden and hired Date Wrong  
to No death in Family and Covid 19 at  
Dollar tree, she told me to be quiet  
shh!!! and told me that she could not do my  
Case I Ask to take to Surper and she call  
and said My Name Wrong she call me Christi  
Darden and say a Case number that I never  
hear and the she started to act nice a call  
and eoc. Ms. Adriene King and I she said  
She would want me.

Adam goodman

Steve Manger dollar tree nuber Hoover ~~911~~  
~~205 727-3089~~ 205 727-3089

Enclosure with EEOC Notice of Closure and Rights (Release Date)

Since a lawsuit must be filed within 90 days of this notice, please submit your request for the charge file promptly to allow sufficient time for EEOC to respond and for your review. Submit a signed written request stating it is a "FOIA Request" or a "Section 83 Request" for Charge Number 420-2022-01165 to the District Director at Bradley Anderson, 1130 22nd Street South Suite 2000

Birmingham, AL 35205. You can also make a FOIA request online at <https://eeoc.arkcase.com/foia/portal/login>.

You may request the charge file up to 90 days after receiving this Notice of Right to Sue. After the 90 days have passed, you may request the charge file only if you have filed a lawsuit in court and provide a copy of the court complaint to EEOC.

For more information on submitting FOIA Requests and Section 83 Requests, go to: <https://www.eeoc.gov/eeoc/foia/index.cfm>.

collecting the account. Reviewing the account includes activities related to account maintenance, monitoring, credit line increases, and account upgrades and enhancements.

- **You may seek damages from violators.** If a consumer reporting agency, or, in some cases, a user of consumer reports or a furnisher of information to a consumer reporting agency violates the FCRA, you may be able to sue in state or federal court.
- **Identity theft victims and active duty military personnel have additional rights.** For more information, visit [www.consumerfinance.gov/learnmore](http://www.consumerfinance.gov/learnmore).

**States may enforce the FCRA, and many states have their own consumer reporting laws. In some cases, you may have more rights under state law. For more information, contact your state or local consumer protection agency or your state Attorney General. For information about your federal rights, contact:**



*Para información en español, visite [www.consumerfinance.gov/learnmore](http://www.consumerfinance.gov/learnmore) o escribe a la Consumer Financial Protection Bureau, 1700 G Street N.W., Washington, DC 20552.*

## **A Summary of Your Rights Under the Fair Credit Reporting Act**

The federal Fair Credit Reporting Act (FCRA) promotes the accuracy, fairness, and privacy of information in the files of consumer reporting agencies. There are many types of consumer reporting agencies, including credit bureaus and specialty agencies (such as agencies that sell information about check writing histories, medical records, and rental history records). Here is a summary of your major rights under FCRA. **For more information, including information about additional rights, go to [www.consumerfinance.gov/learnmore](http://www.consumerfinance.gov/learnmore) or write to: Consumer Financial Protection Bureau, 1700 G Street N.W., Washington, DC 20552.**

- **You must be told if information in your file has been used against you.** Anyone who uses a credit report or another type of consumer report to deny your application for credit, insurance, or employment – or to take another adverse action against you – must tell you, and must give you the name, address, and phone number of the agency that provided the information.
- **You have the right to know what is in your file.** You may request and obtain all the information about you in the files of a consumer reporting agency (your “file disclosure”). You will be required to provide proper identification, which may include your Social Security number. In many cases, the disclosure will be free. You are entitled to a free file disclosure if:
  - a person has taken adverse action against you because of information in your credit report;
  - you are the victim of identity theft and place a fraud alert in your file;
  - your file contains inaccurate information as a result of fraud;
  - you are on public assistance;
  - you are unemployed but expect to apply for employment within 60 days.

In addition, all consumers are entitled to one free disclosure every 12 months upon request from each nationwide credit bureau and from nationwide specialty consumer reporting agencies. See [www.consumerfinance.gov/learnmore](http://www.consumerfinance.gov/learnmore) for additional information.

- **You have the right to ask for a credit score.** Credit scores are numerical summaries of your credit-worthiness based on information from credit bureaus. You may request a credit score from consumer reporting agencies that create scores or distribute scores used in residential real property loans, but you will have to pay for it. In some mortgage transactions, you will receive credit score information for free from the mortgage lender.
- **You have the right to dispute incomplete or inaccurate information.** If you identify information in your file that is incomplete or inaccurate, and report it to the consumer reporting agency, the agency must investigate unless your dispute is frivolous. See [www.consumerfinance.gov/learnmore](http://www.consumerfinance.gov/learnmore) for an explanation of dispute procedures.
- **Consumer reporting agencies must correct or delete inaccurate, incomplete, or unverifiable information.** Inaccurate, incomplete, or unverifiable information must be

Enclosure with EEOC Notice of Closure and Rights (Release Date)

**INFORMATION RELATED TO FILING SUIT  
UNDER THE LAWS ENFORCED BY THE EEOC**

*(This information relates to filing suit in Federal or State court under Federal law. If you also plan to sue claiming violations of State law, please be aware that time limits may be shorter and other provisions of State law may be different than those described below.)*

**IMPORTANT TIME LIMITS – 90 DAYS TO FILE A LAWSUIT**

If you choose to file a lawsuit against the respondent(s) named in the charge of discrimination, you must file a complaint in court **within 90 days of the date you receive this Notice**. Receipt generally means the date when you (or your representative) opened this email or mail. You should keep a record of the date you received this notice. Once this 90-day period has passed, your right to sue based on the charge referred to in this Notice will be lost. If you intend to consult an attorney, you should do so promptly. Give your attorney a copy of this Notice, and the record of your receiving it (email or envelope).

Your lawsuit may be filed in U.S. District Court or a State court of competent jurisdiction. Whether you file in Federal or State court is a matter for you to decide after talking to your attorney. You must file a "complaint" that contains a short statement of the facts of your case which shows that you are entitled to relief. Filing this Notice is not enough. For more information about filing a lawsuit, go to <https://www.eeoc.gov/employees/lawsuit.cfm>.

**ATTORNEY REPRESENTATION**

For information about locating an attorney to represent you, go to:  
<https://www.eeoc.gov/employees/lawsuit.cfm>.

In very limited circumstances, a U.S. District Court may appoint an attorney to represent individuals who demonstrate that they are financially unable to afford an attorney.

**NOTICE OF RIGHTS UNDER THE ADA AMENDMENTS ACT OF 2008 (ADAAA)**

We recommend that you and your attorney (if you retain one) review the resources at [http://www.eeoc.gov/laws/types/disability\\_regulations.cfm](http://www.eeoc.gov/laws/types/disability_regulations.cfm).

**HOW TO REQUEST YOUR CHARGE FILE AND 90-DAY TIME LIMIT FOR REQUESTS**

There are two ways to request a charge file: 1) a FOIA Request or 2) a Section 83 request. You may request your charge file under either or both procedures. EEOC can generally respond to Section 83 requests more promptly than FOIA requests.

☒ AN ACT : Sec 1 : Div A : Title II Section 201-207; 302,303,304  
Relevant state law (specify, if known): Pat

☒ AN ACT : Title III : Vision A : 116 STAT 1763 (NET) Act/2 USC 1829  
Relevant city or county law (specify, if known): No Electronic Theft 1951-1960 B  
Birmingham Alabama  
18 USC 1028 B  
12 USC 1829  
31 USC 53-531  
316-5336

III. Statement of Claim

Write a short and plain statement of the claim. Do not make legal arguments. State as briefly as possible the facts showing that each plaintiff is entitled to the damages or other relief sought. State how each defendant was involved and what each defendant did that caused the plaintiff harm or violated the plaintiff's rights, including the dates and places of that involvement or conduct. If more than one claim is asserted, number each claim and write a short and plain statement of each claim in a separate paragraph. Attach additional pages if needed.

A. The discriminatory conduct of which I complain in this action includes (check all that apply):

- ☒ Failure to hire me.
  - ☒ Termination of my employment.
  - ☒ Failure to promote me.
  - ☒ Failure to accommodate my disability.
  - ☒ Unequal terms and conditions of my employment.
  - ☒ Retaliation.
  - ☐ Other acts (specify): Identity theft Fraud Waste
- (Note: Only those grounds raised in the charge filed with the Equal Employment Opportunity Commission can be considered by the federal district court under the federal employment discrimination statutes.)

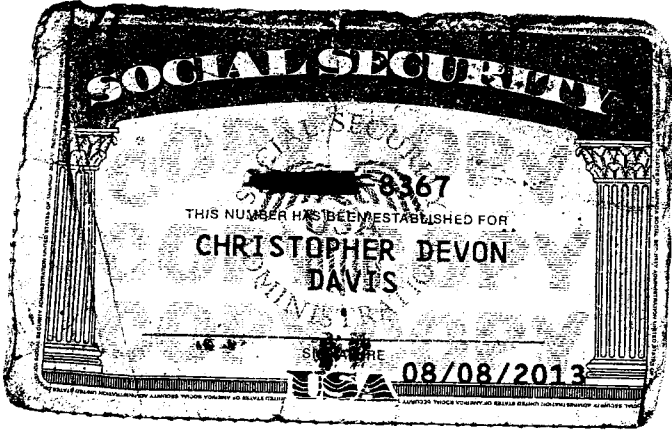
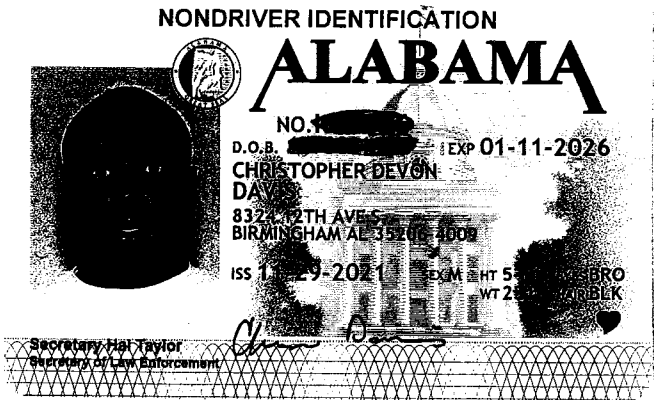
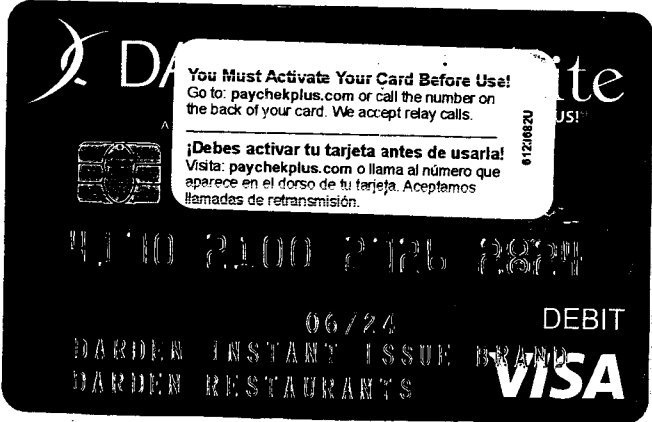
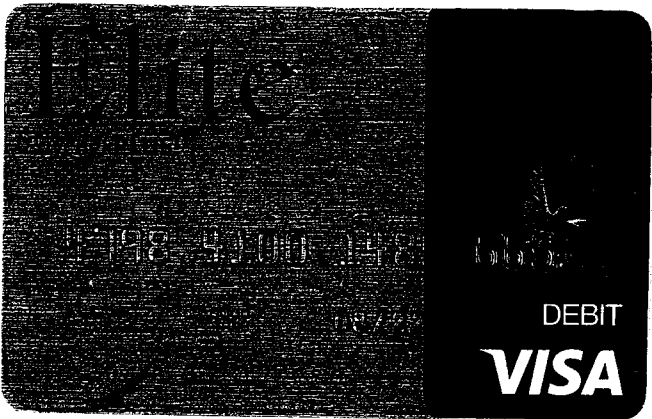
B. It is my best recollection that the alleged discriminatory acts occurred on date(s)

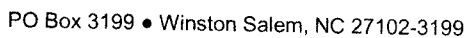
09-9-19, 09-16-19, 11-24-21, 2-14-22

C. I believe that defendant(s) (check one):

- ☒ is/are still committing these acts against me.
- ☐ is/are not still committing these acts against me.

Adam E Goodman - witness





3/24/2022

2/27/2022 – 2/27/2023



**Total Balance Due: \$36.01**

This is a reminder that you have an outstanding balance due on your insurance product(s) that provided coverage during the policy period(s) shown above. Please remit your payment as soon as possible to clear this balance. Your prompt response will avoid further efforts to collect payment.

- - Please see reverse side for additional information - -

If mailing, please detach this portion and return with your payment. Please mail 7 days in advance.

**Amount Due includes all policies and products listed above**

\$36.01

\$36.01

;

TIFFANY LILLIE  
8324 12TH AVE S  
BIRMINGHAM, AL 35206

Check for address change  
or paperless enrollment.  
Please note your changes  
on reverse side.

If mailing, please make check payable to:  
Direct Auto Insurance

DIRECT AUTO INSURANCE  
PO BOX 89431  
CLEVELAND OH 44101-6431



02014525049003000000003601000036011

67671-1981-5892

87109881

21S1737D65553  
11/12/2021

040401V1N1002934\* S16LNA 006799

**HOW WE FIGURED CHRISTOPHE D. DAVIS' PAYMENT FOR  
December 2021 ON**

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**His Payment Amount**

The most SSI money the law allows us to pay	\$794.00
Minus (-) "Total income we count" (see below)	<u>-268.33</u>
<b>Total Monthly SSI Payment for December 2021 on</b>	<b>\$525.67</b>

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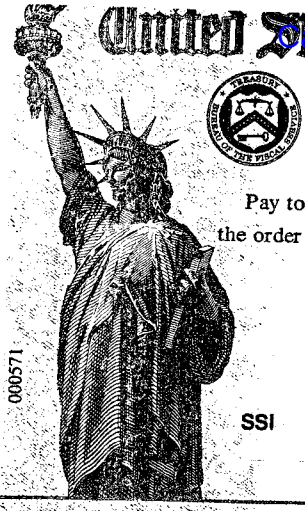
**His Income Other Than His SSI**

Income he receives in October 2021 on affects his payment for December 2021 on

Wages	\$621.67
By law we don't count \$20.00 of above income	<u>- 20.00</u>
Subtotal	\$601.67
By law we don't count \$65.00 of wages	<u>- 65.00</u>
By law we don't count 1/2 of this amount	\$536.67
1/2 of \$536.67 = \$268.34 *	<u>-268.34*</u>
Wages we count	\$268.33
<b>Total income we count</b>	<b>\$268.33</b>

\* beside a number means we have rounded the number

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000571

Pay to  
the order of

06 03 22 28040004 KANSAS CITY, MO  
000778231609 4029 13363436 W

Check No.



4029 13363436  
00000220601DDM

JEMETRICE A MATTHEWS  
FOR  
CHRISTOPHE D DAVIS  
1648 WOODLAND AVE SW  
BIRMINGHAM AL 35211 2146

\*\*\*\*\*756\*90

REGIONAL DISBURSING OFFICER

VOID AFTER ONE YEAR

008  
*Yona S. Robinson*

SSI

⑈40293⑈ ⑆000000518⑆ 133634369⑈ 120622

22S1914F84541  
06/08/2022

Page 8 of 9

**HOW WE FIGURED CHRISTOPHE D. DAVIS' PAYMENT FOR May 2022  
THROUGH June 2022**

---

His Payment Amount	
The most SSI money the law allows us to pay	\$841.00
We didn't subtract (-) any income from SSI money	<u>- 0.00</u>
<b>Total Monthly SSI Payment for May 2022 through June 2022</b>	<b>\$841.00</b>

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050522E7L008772 S16LNA 0000106





21S1737D65553  
08/17/2021

Page 16 of 22

**HOW WE FIGURED CHRISTOPHE D. DAVIS' PAYMENT FOR June 2020  
THROUGH August 2020**

---

**His Payment Amount**

The most SSI money the law allows us to pay	\$783.00
Minus (-) "Total income we count" (see below)	<u>-555.70</u>
<b>Total Monthly SSI Payment for June 2020 through August 2020</b>	\$227.30

---

**His Income Other Than His SSI**

Income he receives in April 2020 through June 2020 affects his payment for June 2020 through August 2020

Wages	\$1,196.41
By law we don't count \$20.00 of above income	<u>- 20.00</u>
Subtotal	\$1,176.41
By law we don't count \$65.00 of wages	<u>- 65.00</u>
By law we don't count 1/2 of this amount	\$1,111.41
1/2 of \$1,111.41 = \$555.71 *	<u>- 555.71*</u>
Wages we count	\$ 555.70
<b>Total income we count</b>	\$ 555.70

\* beside a number means we have rounded the number

---

21S1737D65553  
11/12/2021

Page 6 of 6

**HOW WE FIGURED YOUR PAYMENT FOR December 2021 ON**

---

**Your Payment Amount**

The most SSI money the law allows us to pay	\$794.00
Minus (-) "Total income we count" (see below)	<u>-268.33</u>
<b>Total Monthly SSI Payment for December 2021 on</b>	<b>\$525.67</b>

---

**Your Income Other Than Your SSI**

Income you receive in October 2021 on affects your payment for December 2021 on

Wages	\$621.67
By law we don't count \$20.00 of above income	<u>- 20.00</u>
Subtotal	\$601.67
By law we don't count \$65.00 of wages	<u>- 65.00</u>
By law we don't count 1/2 of this amount	\$536.67
1/2 of \$536.67 = \$268.34 *	<u>-268.34*</u>
Wages we count	\$268.33
<b>Total income we count</b>	<b>\$268.33</b>

\* beside a number means we have rounded the number

---

04040 VIN1002933 SN6LNA 0006798



21S1737D65553  
09/10/2021

**HOW WE FIGURED YOUR PAYMENT FOR October 2021 ON**

**Your Payment Amount**

The most SSI money the law allows us to pay	\$794.00
Minus (-) "Total income we count" (see below)	<u>-171.77</u>
<b>Total Monthly SSI Payment for October 2021 on</b>	<b>\$622.23</b>

**Your Income Other Than Your SSI**

Income you receive in August 2021 on affects your payment for October 2021 on

Wages	\$428.55
By law we don't count \$20.00 of above income	<u>- 20.00</u>
Subtotal	\$408.55
By law we don't count \$65.00 of wages	<u>- 65.00</u>
By law we don't count 1/2 of this amount	\$343.55
1/2 of \$343.55 = \$171.78 *	<u>-171.78*</u>
Wages we count	\$171.77
<b>Total income we count</b>	<b>\$171.77</b>

\* beside a number means we have rounded the number

Overpayment Detail

BNC #: 22WF991G40971

Name: CHRISTOPHER DEVON DAVIS

The following table shows how your payment changed each month. The first column lists the month(s) that were paid incorrectly. The next three columns show the total amounts we should have paid you for each month. The last three columns show the total amounts paid, underpaid and overpaid.

Month/Year	Federal Amount Due	State Amount Due	Total Amount Due	Total Amount Paid	Underpaid	Overpaid
12/01/21	\$0.00	\$0.00	\$0.00	\$313.18	\$0.00	\$313.18
01/01/22	\$218.53	\$0.00	\$218.53	\$529.69	\$0.00	\$311.16
02/01/22	\$0.00	\$0.00	\$0.00	\$642.76	\$0.00	\$642.76
Totals	\$218.53	\$0.00	\$218.53	\$1,485.63	\$0.00	\$1,267.10

Overpayment Decision Summary		
Current Overpayment	\$1,267.10	
Current Underpayment	\$257.50	
Current Net OP/UP	\$1,009.60	
Current & Prior Overpayments	\$11,506.23	
Amounts Collected or Waived	\$2,357.40	
Total Over/Under	\$8,891.33	

22S1914F84541  
04/22/2022

060313Q57003382 SN 6LNA 0001592

**HOW WE FIGURED YOUR PAYMENT FOR December 2021**

**Your Payment Amount**

The most SSI money the law allows us to pay	\$794.00
Minus (-) "Total income we count" (see below)	<u>-932.29</u>
SSI money (no SSI payment due because your income is more than the SSI payment)	\$ 0.00
<b>Total SSI Payment for December 2021</b>	<b>\$ 0.00</b>

**Your Income Other Than Your SSI**

Income you receive in December 2021 affects your payment for December 2021



Wages	\$1,949.59
By law we don't count \$20.00 of above income	<u>- 20.00</u>
Subtotal	\$1,929.59
By law we don't count \$65.00 of wages	<u>- 65.00</u>
By law we don't count 1/2 of this amount	\$1,864.59
1/2 of \$1,864.59 = \$932.30 *	<u>- 932.30*</u>
Wages we count	\$ 932.29
<b>Total income we count</b>	<b>\$ 932.29</b>

\* beside a number means we have rounded the number

Please provide Social Security with a copy of your/your parent's/your spouse's pay stubs/and/or child support on a **monthly basis**: if applicable.

1800-269-0271

Please include the wage earner's Social Security Number as well as the beneficiary's claim and/or social security number with your documents.

This will allow for timely and seamless processing of the documents and claim.

Thank you for your cooperation

Sincerely,

Ms. Witt

Title 16, Claims Specialist

866-613-2743 ext. 13039

21S1737D65553  
10/11/2021

030300R4100792\* SNBLNA 0019208

**HOW WE FIGURED YOUR PAYMENT FOR November 2021 ON**

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**Your Payment Amount**

The most SSI money the law allows us to pay	\$794.00
Minus (-) "Total income we count" (see below)	<u>- 61.13</u>
<b>Total Monthly SSI Payment for November 2021 on</b>	<b>\$732.87</b>

---

**Your Income Other Than Your SSI**

Income you receive in September 2021 on affects your payment for November 2021 on

Wages	\$207.27
By law we don't count \$20.00 of above income	<u>- 20.00</u>
Subtotal	\$187.27
By law we don't count \$65.00 of wages	<u>- 65.00</u>
By law we don't count 1/2 of this amount	\$122.27
1/2 of \$122.27 = \$61.14 *	<u>- 61.14*</u>
Wages we count	\$ 61.13
<b>Total income we count</b>	<b>\$ 61.13</b>

\* beside a number means we have rounded the number

---

22S1914F84541  
04/22/2022

HOW WE FIGURED YOUR PAYMENT FOR April 2022

Your Payment Amount	
The most SSI money the law allows us to pay	\$841.00
We didn't subtract (-) any income from SSI money	<u>- 0.00</u>
<b>Total SSI Payment for April 2022</b>	<b>\$841.00</b>



050515057003582 SNLNA 0001692



**Social Security Administration  
Supplemental Security Income**

**Notice of Overpayment**

CHRISTOPHER DEVON DAVIS  
8324 12Th Ave S  
Birmingham, AL 35206-4009

SOCIAL SECURITY  
TRUSSVILLE EXEC. PARK  
1972 GADSDEN HWY.  
BIRMINGHAM, AL 35235  
800-772-1213

Date: 4/19/2022  
Beneficiary Notice Control #:  
22WF991G40971

We are writing to let you know we have paid you \$1,267.10 too much in Supplemental Security Income (SSI) money. The overpayment happened in the months between 12/01/21 and 02/01/22.

For the month(s) listed on the "Overpayment Detail", the income on our records was wrong. Because we didn't know about all the income, we paid you too much SSI.

Later in this letter, we'll give you a detailed explanation of your overpayment.

You must pay us back unless we decide you shouldn't have to pay us back or we're wrong about the overpayment. If you think you shouldn't have to pay us back or you disagree with the decision about the overpayment, you can:

- Ask for a waiver,
- Ask for an appeal, or
- Do both

This letter will tell you more about these things you can do.

**If You Think You Shouldn't Have To Pay Us Back**

**SPECIAL MESSAGE FOR OVERPAYMENTS BETWEEN MARCH AND SEPTEMBER 2020:**

We temporarily suspended processing And collection of some overpayments between March And September 2020. We did this because of the national public health emergency caused by the coronavirus (COVID-19) pandemic. If you were overpaid between March And September 2020, you may request a waiver, And we may find that you do Not have to repay some Or all of the overpayment. Please contact your local Social Security office by phone to request a waiver. You can find the telephone number for your local office below in this letter.

You may not have to pay us back. Sometimes we can waive an overpayment, which means you won't have to pay us back. We can do this if both of the following are true.

- It wasn't your fault that you got too much SSI money.

AND

**Overpayment Detail**

**BNC #: 22WF991G40971**

**Name: CHRISTOPHER DEVON DAVIS**

The following table shows how your payment changed each month. The first column lists the month(s) that were paid incorrectly. The next three columns show the total amounts we should have paid you for each month. The last three columns show the total amounts paid, underpaid and overpaid.

Month/Year	Federal Amount Due	State Amount Due	Total Amount Due	Total Amount Paid	Underpaid	Overpaid
12/01/21	\$0.00	\$0.00	\$0.00	\$313.18	\$0.00	\$313.18
01/01/22	\$218.53	\$0.00	\$218.53	\$529.69	\$0.00	\$311.16
02/01/22	\$0.00	\$0.00	\$0.00	\$642.76	\$0.00	\$642.76
Totals	\$218.53	\$0.00	\$218.53	\$1,485.63	\$0.00	\$1,267.10

Overpayment Decision Summary		
Current Overpayment	\$1,267.10	
Current Underpayment	\$257.50	
Current Net OP/UP	\$1,009.60	
Current & Prior Overpayments	\$11,506.23	
Amounts Collected or Waived	\$2,357.40	
Total Over/Under	\$8,891.33	

**Social Security Administration  
Supplemental Security Income  
Notice of Overpayment**

SOCIAL SECURITY  
TRUSSVILLE EXEC. PARK  
1972 GADSDEN HWY.  
BIRMINGHAM, AL 35235

Tiffany Shardae Lillie For  
CHRISTOPHER DEVON DAVIS  
8324 12Th Ave S  
Birmingham, AL 35206-4009

800-772-1213

Date: 4/19/2022  
Beneficiary Notice Control #:  
22FA959H89106

We are writing to let you know we have paid CHRISTOPHER DEVON DAVIS too much in Supplemental Security Income (SSI) money. We've enclosed your copy of the notice about the recipient's overpayment. Please read it carefully.

**Special Message for you as the Representative Payee**

If the overpayment is not repaid by CHRISTOPHER DEVON DAVIS or from his funds, we will ask you to repay it from your own money. If the recipient begins to repay us, but stops before the overpayment is repaid, we will ask you for any amount remaining. But we won't ask you to repay if both of the following are true:

- You used the SSI check(s) for the recipient's needs.

AND

- It was not your fault that the recipient was overpaid.

Please let us know as soon as possible if you think both of these facts are true. In addition, we won't ask you to repay us from your own money for any month(s) of overpayment in which you were not the representative payee. If you were not the payee for any of the overpayment months, please tell us. If there was a payee before you, and you have that person's name and address, please give it to us. You can contact any Social Security office.

**Do You Disagree With The Decision?**

If you disagree with the decision, you have the right to appeal. We will review your case and consider any new facts you have.

- You have 60 days to ask for an appeal.
- The 60 days start the day after you get this letter.
- You must have a good reason for waiting more than 60 days to ask for an appeal.
- To appeal, you must fill out a form called "Request for Reconsideration". The form number is SSA-561. To get this form, contact one of our offices. We can help you fill out the form.

21S1737D65553  
11/28/2021

**HOW WE FIGURED CHRISTOPHE D. DAVIS' PAYMENT FOR  
January 2022 ON**

---

His Payment Amount	
The most SSI money the law allows us to pay	\$841.00
Minus (-) "Total income we count" (see below)	<u>-257.50</u>
<b>Total Monthly SSI Payment for January 2022 on</b>	<b>\$583.50</b>

---

His Income Other Than His SSI	
Income he receives in November 2021 on affects his payment for January 2022 on	
Wages	\$600.00
By law we don't count \$20.00 of above income	<u>- 20.00</u>
Subtotal	\$580.00
By law we don't count \$65.00 of wages	<u>- 65.00</u>
By law we don't count 1/2 of this amount	\$515.00
1/2 of \$515.00 = \$257.50	<u>-257.50</u>
Wages we count	\$257.50
<b>Total income we count</b>	<b>\$257.50</b>

---

**Social Security Administration**  
**Supplemental Security Income**  
Important Information

SOCIAL SECURITY  
TRUSSVILLE EXEC. PARK  
1972 GADSDEN HWY.  
BIRMINGHAM AL 35235

Date: September 3, 2021  
Claim Number: 423-21-8367



TIFFANY SHARDAE LILLIE  
FOR CHRISTOPHER DEVON  
DAVIS  
8324 12TH AVE S  
BIRMINGHAM AL 35206-4009

Thank you for contacting us on September 3, 2021 to report CHRISTOPHER received wages of \$428.55 in August. Please keep this receipt. It can be used as proof of the date you reported wages and the amount of wages you reported.

**What You Should Know**

We will use the wages you reported when we decide CHRISTOPHER'S Supplemental Security Income (SSI) payment amount. If the wages you report change the SSI payment, you will receive a letter in the mail. The letter will tell you about the change in CHRISTOPHER'S payment and tell you about your rights.

Please continue to save your pay slips. We will ask to see CHRISTOPHER'S pay slips later. It is important to notify us promptly--either in person, by phone, or by mail--whenever a change occurs that could affect CHRISTOPHER'S benefits.

Remember to use the SSI Mobile Wage Reporting Application each month to report wages timely.

**If You Have Any Questions**

If you have any questions, you may call us at 1-800-772-1213. We can answer most questions over the phone. You can also write or visit any Social Security office.

See Next Page

21S1737D65553  
08/30/2021

**HOW WE FIGURED YOUR PAYMENT FOR October 2021 ON**

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<b>Your Payment Amount</b>	
The most SSI money the law allows us to pay	\$794.00
Minus (-) "Total income we count" (see below)	<u>-357.50</u>
<b>Total Monthly SSI Payment for October 2021 on</b>	<b>\$436.50</b>

---

<b>Your Income Other Than Your SSI</b>	
Income you receive in August 2021 on affects your payment for October 2021 on	
Wages	\$800.00
By law we don't count \$20.00 of above income	<u>- 20.00</u>
Subtotal	\$780.00
By law we don't count \$65.00 of wages	<u>- 65.00</u>
By law we don't count 1/2 of this amount	\$715.00
1/2 of \$715.00 = \$357.50	<u>-357.50</u>
Wages we count	\$357.50
<b>Total income we count</b>	<b>\$357.50</b>

---

Contract/Plan ID Number: 3-00774

# Investment Option Summary

as of 06/30/2021

This document provides important information to help you compare the investment options available to you under the retirement plan.

Investment results shown represent historical performance and do not guarantee future results. Investment returns and principal values fluctuate with changes in interest rates and other market conditions so the value, when redeemed, may be worth more or less than original costs. Current performance may be lower or higher than the performance data shown. For additional information on the investment options, including most recent month-end performance, log in to the Principal Financial Group<sup>®</sup> website at [principal.com](http://principal.com) or call our automated phone system at 1-800-547-7754.

Additional information available online includes, if applicable, the name of the investment option's issuer; the investment option's objectives or goals; the investment option's principal strategies, including a general description of the types of assets held by the investment option; the portfolio turnover rate; and the investment option's performance data and fee and expense information.

In situations where the net and gross total investment expense figures are different, the mutual fund or the underlying fund in which a Separate Account invests has waived/capped a portion of its management fees through the date displayed in the waiver expiration date or contractual cap expiration date column. Differences may also be shown due to the fund family choosing to pay certain expenses that would normally be payable by the fund. Returns displayed are based on total investment expense net.

**Total Investment Expense - Gross** is the current maximum expense ratio, as a percentage of assets that can be applied to this investment option. This does not represent the recordkeeping or individual transactional fees that can be deducted from or reduce the earnings for an investment under your account. However, it does include operating expenses, management fees, including 12b-1 fees, and administrative fees.

**Total Investment Expense - Net**; you will be responsible for this expense and it will be automatically taken prior to calculating performance. **Total Investment Expense - Net** is the **Total Investment Expense - Gross** expense ratio less any fee waivers, reimbursements or caps, if applicable. The expenses ratio, as a percentage of net assets, includes operating expenses, management fees, including 12b-1 fees, and administrative fees.

**Expense Waiver/Contractual Cap** - When gross and net expense ratios differ, the investment adviser may have agreed to waive certain expenses that would normally be payable by the fund or contractually agreed to limit the investment option's expenses.

Fees and expenses are only one of several factors that participants and beneficiaries should consider when making investment decisions. The cumulative effect of fees and expenses can substantially reduce the growth of a participant's or beneficiary's retirement account. Participants and beneficiaries can visit the Employee Benefit Security Administration's website for an example demonstrating the long-term effect of fees and expenses.

For a glossary of terms to assist you in understanding the designated investment options, log in to your account at [principal.com](http://principal.com).



REMOVE THESE EDGES FIRST  
FOLD, CREASE AND TEAR ALONG PERFORATION

GMRI, INC.  
P.O. BOX 695011  
1000 DARDEN CENTER DRIVE  
ORLANDO, FL 32869-5011

**Important Tax Return Document Enclosed**

219203

EFX 11533 K001  
CHRISTOPHER D DAVIS  
8324 12TH AVE S  
BIRMINGHAM, AL 35206-4009



1 of 1  
1879

REMOVE THESE EDGES FIRST  
FOLD, CREASE AND TEAR ALONG PERFORATION

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FOLD, CREASE AND TEAR ALONG PERFORATION





PQ12087-01 | © 2018 Principal Financial Services, Inc. | 10/2018 | 621222-102018

3-00774/Darden Savings Plan

09/15/2021

CHRISTOPHER D DAVIS  
8324 12TH AVE S  
BIRMINGHAM AL 35206-4009  
000854 300774 RPN RIS

Principal Financial Group  
711 High Street  
Des Moines IA 50392

OMB No. 1545-0008

Department of the Treasury - Internal Revenue Service

d Control number	1 Wages, tips, other compensation 1631.57	2 Federal income tax withheld 70.17
This information is being furnished to the Internal Revenue Service. If you are required to file a tax return, a negligence penalty or other sanction may be imposed on you if this income is taxable and you fail to report it.	3 Social security wages 1631.57	4 Social security tax withheld 101.16
	5 Medicare wages and tips 1631.57	6 Medicare tax withheld 23.66

c Employer's name, address, and ZIP code

GMRI, INC.  
P.O. BOX 695011  
1000 DARDEN CENTER DRIVE  
ORLANDO, FL 32869-5011

7 Social security tips	8 Allocated tips	9
10 Dependent care benefits	11 Nonqualified plans	12a See instructions for box 12
12b	12c	12d
12e	b Employer identification number (EIN) 59-1219168	a Employee's social security number 423-21-8367
13 Statutory employee <input type="checkbox"/>	Retirement plan <input type="checkbox"/>	Third-party sick pay <input type="checkbox"/>
14 Other		

e/f Employee's name, address, and ZIP code

CHRISTOPHER D DAVIS  
8324 12TH AVE S  
BIRMINGHAM, AL 35206-4009

Import Code: 3Q5985JQ

Form	15 State AL	Employer's state ID number 0000093935	16 State wages, tips, etc. 1631.57
<b>W-2</b>  Wage and Tax Statement  <b>2021</b>	17 State income tax 65.74		18 Local wages, tips, etc.
	19 Local income tax		20 Locality name

Copy C - For EMPLOYEE'S RECORDS (See Notice to Employee on the back of Copy 2.)

OMB No. 1545-0008

Department of the Treasury - Internal Revenue Service

d Control number	1 Wages, tips, other compensation 1631.57	2 Federal income tax withheld 70.17
This information is being furnished to the Internal Revenue Service.	3 Social security wages 1631.57	4 Social security tax withheld 101.16
	5 Medicare wages and tips 1631.57	6 Medicare tax withheld 23.66

c Employer's name, address, and ZIP code

GMRI, INC.  
P.O. BOX 695011  
1000 DARDEN CENTER DRIVE  
ORLANDO, FL 32869-5011

7 Social security tips	8 Allocated tips	9
10 Dependent care benefits	11 Nonqualified plans	12a See instructions for box 12
12b	12c	12d
12e	b Employer identification number (EIN) 59-1219168	a Employee's social security number 423-21-8367
13 Statutory employee <input type="checkbox"/>	Retirement plan <input type="checkbox"/>	Third-party sick pay <input type="checkbox"/>
14 Other		

e/f Employee's name, address, and ZIP code

CHRISTOPHER D DAVIS  
8324 12TH AVE S  
BIRMINGHAM, AL 35206-4009

Import Code: 3Q5985JQ

Form	15 State AL	Employer's state ID number 0000093935	16 State wages, tips, etc. 1631.57
<b>W-2</b>  Wage and Tax Statement  <b>2021</b>	17 State income tax 65.74		18 Local wages, tips, etc.
	19 Local income tax		20 Locality name

Copy B - To Be Filed With Employee's FEDERAL Tax Return.

OMB No. 1545-0008

Department of the Treasury - Internal Revenue Service

d Control number	1 Wages, tips, other compensation 1631.57	2 Federal income tax withheld 70.17
	3 Social security wages 1631.57	4 Social security tax withheld 101.16
	5 Medicare wages and tips 1631.57	6 Medicare tax withheld 23.66

c Employer's name, address, and ZIP code

GMRI, INC.  
P.O. BOX 695011  
1000 DARDEN CENTER DRIVE  
ORLANDO, FL 32869-5011

7 Social security tips	8 Allocated tips	9
10 Dependent care benefits	11 Nonqualified plans	12a See instructions for box 12
12b	12c	12d
12e	b Employer identification number (EIN) 59-1219168	a Employee's social security number 423-21-8367
13 Statutory employee <input type="checkbox"/>	Retirement plan <input type="checkbox"/>	Third-party sick pay <input type="checkbox"/>
14 Other		

e/f Employee's name, address, and ZIP code

CHRISTOPHER D DAVIS  
8324 12TH AVE S  
BIRMINGHAM, AL 35206-4009

Import Code: 3Q5985JQ

Form	15 State AL	Employer's state ID number 0000093935	16 State wages, tips, etc. 1631.57
<b>W-2</b>  Wage and Tax Statement  <b>2021</b>	17 State income tax 65.74		18 Local wages, tips, etc.
	19 Local income tax		20 Locality name

Copy 2 - To Be Filed with Employee's State, City, or Local Income Tax Return.

OMB No. 1545-0008

Department of the Treasury - Internal Revenue Service

d Control number	1 Wages, tips, other compensation 1631.57	2 Federal income tax withheld 70.17
	3 Social security wages 1631.57	4 Social security tax withheld 101.16
	5 Medicare wages and tips 1631.57	6 Medicare tax withheld 23.66

c Employer's name, address, and ZIP code

GMRI, INC.  
P.O. BOX 695011  
1000 DARDEN CENTER DRIVE  
ORLANDO, FL 32869-5011

7 Social security tips	8 Allocated tips	9
10 Dependent care benefits	11 Nonqualified plans	12a See instructions for box 12
12b	12c	12d
12e	b Employer identification number (EIN) 59-1219168	a Employee's social security number 423-21-8367
13 Statutory employee <input type="checkbox"/>	Retirement plan <input type="checkbox"/>	Third-party sick pay <input type="checkbox"/>
14 Other		

e/f Employee's name, address, and ZIP code

CHRISTOPHER D DAVIS  
8324 12TH AVE S  
BIRMINGHAM, AL 35206-4009

Import Code: 3Q5985JQ

Form	15 State AL	Employer's state ID number 0000093935	16 State wages, tips, etc. 1631.57
<b>W-2</b>  Wage and Tax Statement  <b>2021</b>	17 State income tax 65.74		18 Local wages, tips, etc.
	19 Local income tax		20 Locality name

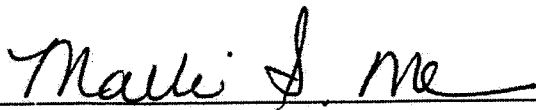
Copy 2 - To Be Filed With Employee's State, City, or Local Income Tax Return.



219203

# Participant Report

Participant Name	Davis, Christopher D	
Date of Birth	11/8/1985	
Attorney	Texys Morris	
EOS Date	12/13/2019	
ORAS Risk Level	Moderate	
AIS #	262688	
Judge Name	Wallace	
Charges/Docket No.	CC-18-3912 UPOC CC-2018-0416 UPOM	
Employment Status	Has the client ever been employed? Yes Employment status: Not in the labor force-looking for employment.	
Primary Referrals (tx & Ancillary)	UAB Community Psychiatry Program(ACCESS)	
Community Service Hours Required:	NA	
Hours Completed:		
Fees	Balance Owed \$420	Date of Last Payment 7/1/2019
Drug Test Results	6/21/2019: Negative 06/21/2019 through 5/31/2019: Negative 06/21/2019 8/22/2019: Negative 9/06/2019: Negative 10/25/2019: Negative 11/14/2019: Negative	
Summary of Progress	Mr. Christopher Davis took a plea into the Jefferson County MHC Birmingham division on 12/13/2018. Since taking a plea Mr. Davis has maintained contact with the MHC. Mr. Davis is currently in treatment at the Fellowship house and he has been there since April 8, 2019. Mr. Davis has also moved into the Fellowship house apartments. Mr. Davis has also completed the U-turn program at Impact Family Counseling. The Jefferson County MHC is willing to continue to assist Mr. Davis as needed.	



TASC Case Manager: Marki Moore

This information has been disclosed to you from records protected by Federal Confidentiality Rules (42CFR Part 2). The Federal Rules prohibit you from making any further disclosure of this information unless further disclosure is expressly permitted by the written consent of the person to whom it pertains or as otherwise permitted by 42CFR Part 2. A general authorization for release of medical or other information is not sufficient for this purpose. The Federal Rules restrict any use of the information to criminally investigate or prosecute any alcohol or drug abuse patient.

00004587 13672 0002-4005 DECA0000051022040133 00 L 000006483

If you have any additional questions regarding the information provided to Equifax by the source of any information, please contact the source of that information directly. You may contact Equifax regarding the specific information contained in this letter within the next 60 days by visiting us at [www.equifax.com/personal/disputes](http://www.equifax.com/personal/disputes).

Thank you for giving Equifax the opportunity to serve you.

**Notice to Consumers**

You may request a description of the procedure used to determine the accuracy and completeness of the information, including the business name and address of the furnisher of information contacted, and if reasonably available the telephone number.

If the reinvestigation does not resolve your dispute, you have the right to add a statement to your credit file disputing the accuracy or completeness of the information; the statement should be brief and may be limited to not more than one hundred words (two hundred words for Maine residents) explaining the nature of your dispute.

If the reinvestigation results in the deletion of disputed information, or you submit a statement in accordance with the preceding paragraph, you have the right to request that we send your revised credit file to any company specifically designated by you that received your credit report in the past six months (twelve months for California, Colorado, Maryland, New Jersey and New York residents) for any purpose or in the past two years for employment purposes.

STATE OF ALABAMA  
CLIENT ASSISTANCE PROGRAM  
INTAKE WORK SHEET

Name Christopher Davis

Address 8324 12th Ave south

Birmingham

Alabama

35206

Jefferson

DOB

10/22/1985

State

Zip

County

8367

205 504-6113

Primary Phone

Social Security Number

205 504-6113

Cell Phone

Chrissuper1185@gmail.com

E-Mail

DISABILITY

- ☐ Acquired Brain Injury
- ☒ ADD/ADHD
- ☐ AIDS/HIV
- ☐ Amputation or Absence of Extremities
- ☒ Arthritis or Rheumatism
- ☒ Anxiety Disorder
- ☐ Autism Spectrum Disorder
- ☐ Blindness (Both Eyes)
- ☐ Other Visual Impairments (Not Blind)
- ☐ Cancer
- ☐ Cerebral Palsy
- ☐ Deafness
- ☐ Deaf/Blind
- ☐ Hard of Hearing/Impaired (Not Deaf)
- ☒ Diabetes
- ☐ Digestive Disorders
- ☐ Epilepsy

- ☒ Specific Learning Disabilities (SLD)
- ☒ Speech Impairments
- ☒ Spina Bifida
- ☒ Heart & Other Circulatory Conditions
- ☒ Intellectual Disability
- ☒ Mental Illness
- ☐ Multiple Sclerosis
- ☐ Muscular Dystrophy
- ☒ Muscular/Skeletal Impairment
- ☐ Neurological Disorders / Impairment
- ☒ Orthopedic Impairments
- ☒ Personality Disorders
- ☒ Respiratory Disorders/Impairment
- ☒ Skin Conditions
- ☒ Substance Abuse (Alcohol or Drugs)
- ☐ Other Disability
- ☐ NIA

RACE/ETHNICITY

- ☐ American Indian or Alaskan Native
- ☐ Asian
- ☒ Black or African American
- ☐ Hispanic/Latino of Any Race
- ☐ Latino Only (Non-Hispanic)
- ☐ Native Hawaiian or Other Pacific Islander
- ☐ Race/Ethnicity Unknown
- ☐ Two or More Races
- ☐ White

Counselor Name

Supervisor Name

Facility Name

**STATE OF DELAWARE**  
**OFFICE OF THE STATE BANK COMMISSIONER**  
**COMPLAINT FORM**

**Please Note:** First you should try writing the institution involved allowing reasonable time for a response. If you are not satisfied, submit this completed, signed form with copies of all supporting documentation and correspondence to the address listed below.

***WE CANNOT ACT AS A COURT OF LAW OR AS AN ATTORNEY ON YOUR BEHALF.***

***WE CANNOT GIVE LEGAL ADVICE.***

***WE CANNOT BECOME INVOLVED IN COMPLAINTS THAT ARE IN LITIGATION OR HAVE BEEN LITIGATED.***

**Your Information**

Middle Name

Name (please print) Christopher Davis Devon  
Street Address 8324 12th Ave South  
City, State, Zip Code Birmingham Alabama 35206  
Home phone \_\_\_\_\_ Cell phone 205 504-6113 Work phone 205 655-4313

**Financial Institution Information**

Name of Institution Darden Instant Issue Brand / Darden Restaurants  
Street Address Darden total Rewards service center Dept 14613  
City, Street, Zip Code PO Box 64050 The Woodlands, TX 77387-4050  
Account Type Pay Roll Issued From Darden Restaurant  
(Examples: Checking, Savings, Mortgage loan, Credit card, CD, IRA, Other)  
Account Number 4170 2100 2726 2824 06/24 006

Name, title and telephone number of person(s) you have contacted, if applicable:

Genny Henson Richard Sheppard Dustin Johnson Lynn Mackraki  
payroll manager GM Kitchen Manager Dis. Manager  
205 655-4313 205 655-4313

On the next page, explain your complaint briefly but completely. Use additional pages if necessary.  
Sign, date and submit the form with COPIES of ALL supporting documentation and correspondence to:

hf,  
Mr. Hosacomplace  
Mr. Chris - Employer Re  
Mrs. Jasmine - payroll  
Mr. Christina - payroll

Office of the State Bank Commissioner  
Attn: Complaint Department  
1110 Forrest Avenue  
Dover, DE 19904  
Phone: (302) 739-4235  
Fax: (302) 739-2356



Historical Account Information									
	Balance	Scheduled Payment Amount	Actual Payment Amount	Date of Last Payment	High Credit	Credit Limit	Amount Past Due	Type of Loan	Activity Designator
04/22	No Data Available								
03/22	No Data Available								
02/22	No Data Available								
01/22	No Data Available								
12/21	No Data Available								
11/21	No Data Available								
10/21	No Data Available								
09/21	No Data Available								
08/21	No Data Available								
07/21	\$ 12,179	\$ 382	\$ 382	07/01/2021	\$ 13,055			Auto	
06/21	\$ 12,310	\$ 382	\$ 382	06/01/2021	\$ 13,055			Auto	
05/21	\$ 12,446	\$ 382	\$ 382	05/01/2021	\$ 13,055			Auto	
04/21	\$ 12,571	\$ 382	\$ 382	04/01/2021	\$ 13,055			Auto	
03/21	\$ 12,703	\$ 382	\$ 382	03/01/2021	\$ 13,055			Auto	
02/21	\$ 12,823	\$ 382	\$ 382	02/01/2021	\$ 13,055			Auto	
01/21	\$ 12,966	\$ 382	\$ 382	01/01/2021	\$ 13,055			Auto	
12/20	\$ 13,082	\$ 382	\$ 382	12/01/2020	\$ 13,055			Auto	
11/20	\$ 13,195	\$ 382	\$ 382	11/01/2020	\$ 13,055			Auto	
10/20	\$ 13,316	\$ 382			\$ 13,055			Auto	

You must complete all required fields. We will not honor your request unless all required fields are completed.  
(\*signifies a required field).

TO: Social Security Administration

Christopher Devon Davis

1/22/85

457-8367

\*My Full Name

\*My Date of Birth  
(MM/DD/YYYY)

\*My Social Security Number

I authorize the Social Security Administration to release information or records about me to:

**\*NAME OF PERSON OR ORGANIZATION:**  
Alabama Department of Rehabilitation Services  
Benefits Counseling Program

**\*ADDRESS OF PERSON OR ORGANIZATION:**  
FAX: (334) 293-7392  
560 South Lawrence Street  
Montgomery AL 36104

**\*I want this information released because:** I am planning to go to work and need this information for benefits and work  
We may charge a fee to release information for non-program purposes.  
incentives planning. Please send a Benefits Planning Query (BPQY).

**\*Please release the following information selected from the list below:**  
You must specify the records you are requesting by checking at least one box. We will not honor a request for "any and all records" or "my entire file." Also, we will not disclose records unless you include the applicable date ranges where requested.

1. ☐ Social Security Number

2. ☒ Current monthly Social Security benefit amount

3. ☒ Current monthly Supplemental Security Income payment amount

4. ☐ My benefit or payment amounts from date to date

5. ☐ My Medicare entitlement from date to date

6. ☐ Medical records from my claims folder(s) from date to date

If you want us to release a minor child's medical records, do not use this form. Instead, contact your local Social Security office.

7. ☐ Complete medical records from my claims folder(s)

8. ☒ Other record(s) from my file (you must specify the records you are requesting, e.g., doctor report, application, determination or questionnaire)
- My cash benefits, health insurance information, medical review dates, representation, SSDI and SSI work activity and earnings.
- All employment supports data on my SSA record.

I am the individual, to whom the requested information or record applies, or the parent or legal guardian of a minor, or the legal guardian of a legally incompetent adult. I declare under penalty of perjury (28 CFR § 16.41(d)(2004)) that I have examined all the information on this form, and any accompanying statements or forms, and it is true and correct to the best of my knowledge. I understand that anyone who knowingly or willfully seeks or obtain access to records about another person under false pretenses is punishable by a fine of up to \$5,000. I also understand that I must pay all applicable fees for requesting information for a non-program-related purpose.

\*Signature:

\*Date:

\*Address:

Relationship (if not the subject of the record):

\*Daytime Phone-

Witnesses must sign this form ONLY if the above signature is by mark (X). If signed by mark (X), two witnesses to the signing who know the signee must sign below and provide their full addresses. Please print the signee's name next to the mark (X) on the signature line above.

1. Signature of witness	2. Signature of witness
Address(Number and street, City, State, and Zip Code)	Address(Number and street, City, State, and Zip Code)



Return To Work Status

DAVIS, CHRISTOPHER - 000003160172

Document type: Return To Work Status  
Result date: March 29, 2022 12:20 CDT  
Result status: Auth (Verified)  
Document title: Return To Work/School Status  
Performed by: Adair, Rachel RN on March 29, 2022 12:20 CDT  
Electronically Signed By: Adair, Rachel RN on March 29, 2022 12:20 CDT  
Encounter info: 652909272083, UABC, 1 Time OP, 3/29/2022 -

Return To Work/School Status Entered On: 3/29/2022 12:20 CDT  
Performed On: 3/29/2022 12:20 CDT by Adair, Rachel RN

**Return to Work/School Status**

*Patient Name/Address/Phone :*

CHRISTOPHER DAVIS  
8324 12TH AVE S  
BIRMINGHAM, AL 35206  
Phone: (205) 504-6113

*Employer/School:* Employer

*Clinic:* Orthopedic

*Return To Work/School Comment:* From foot/ankle standpoint, Mr. Davis can go back to work.

Adair, Rachel RN - 3/29/2022 12:20 CDT

**Completed Action List:**

- \* Perform by Adair, Rachel RN on March 29, 2022 12:20 CDT
- \* Sign by Adair, Rachel RN on March 29, 2022 12:20 CDT
- \* VERIFY by Adair, Rachel RN on March 29, 2022 12:20 CDT

Printed by: Guy, Tiffany  
Printed on: 3/29/2022 12:23 CDT

Christopher D. Davis  
8324 12TH AVE S  
BIRMINGHAM, AL 35206

9/8/2021

Dear Christopher D. Davis,

This is a reminder for your upcoming appointment with Benjamin Breazile, MD.


Date: 10/14/21  
Time: 2:30 PM  
Department:  
Location: Simon Williamson Clinic Princeton  
Visit Type: Established Patient

Instructions:

If for any reason you are unable to keep this appointment, please contact the office at 205-206-8461 to reschedule.

Sincerely,

Patient Service Specialist for Benjamin Breazile, MD

<div><div><div>P U B L I X</div><div></div><div>Feeling Well. Living Better.</div></div><div>CarePoints</div></div>	
Publix Pharmacy #1512 230 20th Street South Birmingham-Jefferson, AL 35233	Date: November 15, 2021 Message ID: 72616912-10790

**MEDICATION GUIDE**  
**DEPAKOTE ER (dep-a-kOte)**  
**(divalproex sodium)**  
**Extended-Release Tablets**

**DEPAKOTE (dep-a-kOte)**  
**(divalproex sodium)**  
**Tablets**

**DEPAKOTE (dep-a-kOte)**  
**(divalproex sodium delayed release capsules)**  
**Sprinkle Capsules**

Read this Medication Guide before you start taking Depakote and each time you get a refill. There may be new information. This information does not take the place of talking to your healthcare provider about your medical condition or treatment.

**What is the most important information I should know about Depakote?**

**Do not stop taking Depakote without first talking to your healthcare provider.**

Stopping Depakote suddenly can cause serious problems.

**Depakote can cause serious side effects, including:**

1. **Serious liver damage that can cause death, especially in children younger than 2 years old.** The risk of getting this serious liver damage is more likely to happen within the first 6 months of treatment.

**Call your healthcare provider right away if you get any of the following symptoms:**

- nausea or vomiting that does not go away
- loss of appetite
- pain on the right side of your stomach (abdomen)
- dark urine
- swelling of your face
- yellowing of your skin or the whites of your eyes

In some cases, liver damage may continue despite stopping the drug.

2. **Depakote may harm your unborn baby.**

- If you take Depakote during pregnancy for any medical condition, your baby is at risk for serious birth defects that affect the brain and spinal cord and are called spina bifida or neural tube defects. These defects occur in 1 to 2 out of every 100 babies born to mothers who use this medicine during pregnancy. These defects can begin in the first month, even before you know you are pregnant. Other birth defects that affect the structures of the heart, head, arms, legs, and the opening where the urine comes out (urethra) on the bottom of the penis can also happen. Decreased hearing or hearing loss can also happen.

- Birth defects may occur even in children born to women who are not taking any medicines and do not have other risk factors.
- Taking folic acid supplements before getting pregnant and during early pregnancy can lower the chance of having a baby with a neural tube defect.
- If you take Depakote during pregnancy for any medical condition, your child is at risk for having lower IQ and may be at risk for developmental autism or attention deficit/hyperactivity disorder.
- There may be other medicines to treat your condition that have a lower chance of causing birth defects, decreased IQ, or other disorders in your child.
- Women who are pregnant must not take Depakote to prevent migraine headaches.
- **All women of childbearing age (including girls from the start of puberty) should talk to their healthcare provider about using other possible treatments instead of Depakote. If the decision is made to use Depakote, you should use effective birth control (contraception).**
- Tell your healthcare provider right away if you become pregnant while taking Depakote. You and your healthcare provider should decide if you will continue to take Depakote while you are pregnant.
- **Pregnancy Registry:** If you become pregnant while taking Depakote, talk to your healthcare provider about registering with the North American Antiepileptic Drug Pregnancy Registry. You can enroll in this registry by calling toll-free 1-888-233-2334 or by visiting the website <http://www.aedpregnancyregistry.org/>. The purpose of this registry is to collect information about the safety of antiepileptic drugs during pregnancy.

3. **Inflammation of your pancreas that can cause death.**

**Call your healthcare provider right away if you have any of these symptoms:**

- severe stomach pain that you may also feel in your back
- nausea or vomiting that does not go away

**Brookwood Baptist Medical Center**  
2010 Brookwood Medical Center Drive  
Birmingham, AL 35209-6804

Patient:	DAVIS, CHISTOPHER D	Attending Provider:	EDGE MD,KIMBERLEY G ; FARR,
MRN #:	01548471	Admission Date:	8/30/2021
Account #:	45606944	Discharge Date:	
DOB/Age/Sex:	11/8/1985 / 35 years / Male		

*Patient Depart Summary*

- Wear clean socks or stockings every day. Make sure they are not too tight. **Do not** wear knee-high stockings since they may decrease blood flow to your legs.
- Wear shoes that fit properly and have enough cushioning. Always look in your shoes before you put them on to be sure there are no objects inside.
- To break in new shoes, wear them for just a few hours a day. This prevents injuries on your feet.

**Wounds, scrapes, corns, and calluses**

- Check your feet daily for blisters, cuts, bruises, sores, and redness. If you cannot see the bottom of your feet, use a mirror or ask someone for help.
- **Do not** cut corns or calluses or try to remove them with medicine.
- If you find a minor scrape, cut, or break in the skin on your feet, keep it and the skin around it clean and dry. You may clean these areas with mild soap and water. **Do not** clean the area with peroxide, alcohol, or iodine.
- If you have a wound, scrape, corn, or callus on your foot, look at it several times a day to make sure it is healing and not infected. Check for:
  - Redness, swelling, or pain.
  - Fluid or blood.
  - Warmth.
  - Pus or a bad smell.

**General instructions**

- **Do not** cross your legs. This may decrease blood flow to your feet.
- **Do not** use heating pads or hot water bottles on your feet. They may burn your skin. If you have lost feeling in your feet or legs, you may not know this is happening until it is too late.
- Protect your feet from hot and cold by wearing shoes, such as at the beach or on hot pavement.
- Schedule a complete foot exam at least once a year (annually) or more often if you have foot problems. If you have foot problems, report any cuts, sores, or bruises to your health care provider immediately.

**Contact a health care provider if:**

- You have a medical condition that increases your risk of infection and you have any cuts, sores, or bruises on your feet.
- You have an injury that is not healing.
- You have redness on your legs or feet.
- You feel burning or tingling in your legs or feet.
- You have pain or cramps in your legs and feet.
- Your legs or feet are numb.
- Your feet always feel cold.
- You have pain around a toenail.

**Get help right away if:**

- You have a wound, scrape, corn, or callus on your foot and:
  - You have pain, swelling, or redness that gets worse.
  - You have fluid or blood coming from the wound, scrape, corn, or callus.
  - Your wound, scrape, corn, or callus feels warm to the touch.
  - You have pus or a bad smell coming from the wound, scrape, corn, or callus.
  - You have a fever.

Brookwood Baptist Medical Center  
2010 Brookwood Medical Center Drive  
Birmingham, AL 35209-6804

Patient:	DAVIS, CHISTOPHER D	Attending Provider:	EDGE MD,KIMBERLEY G ; FARR,
MRN #:	01548471	Admission Date:	8/30/2021
Account #:	45606944	Discharge Date:	
DOB/Age/Sex:	11/8/1985 / 35 years	/ Male	

Patient Depart Summary

- You have a red line going up your leg.

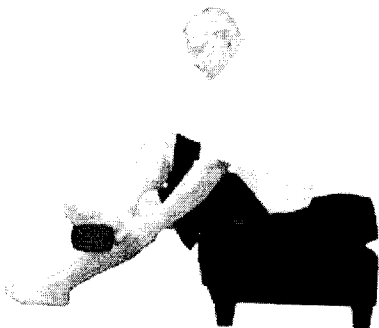
Summary

- Check your feet every day for cuts, sores, red spots, swelling, and blisters.
- Moisturize feet and legs daily.
- Wear shoes that fit properly and have enough cushioning.
- If you have foot problems, report any cuts, sores, or bruises to your health care provider immediately.
- Schedule a complete foot exam at least once a year (annually) or more often if you have foot problems.

This information is not intended to replace advice given to you by your health care provider. Make sure you discuss any questions you have with your health care provider.

Document Revised: 09/09/2020 Document Reviewed: 01/19/2018  
Elsevier Patient Education © 2020 Elsevier Inc.

Diabetes Mellitus and Foot Care



Foot care is an important part of your health, especially when you have diabetes. Diabetes may cause you to have problems because of poor blood flow (circulation) to your feet and legs, which can cause your skin to:

- Become thinner and drier.
- Break more easily.
- Heal more slowly.
- Peel and crack.

You may also have nerve damage (neuropathy) in your legs and feet, causing decreased feeling in them. This means that you may not notice minor injuries to your feet that could lead to more serious problems. Noticing and addressing any potential problems early is the best way to prevent future foot problems.

How to care for your feet

Foot hygiene

- Wash your feet daily with warm water and mild soap. **Do not** use hot water. Then, pat your feet and the areas between your toes until they are completely dry. **Do not** soak your feet as this can dry your skin.

**Brookwood Baptist Medical Center**  
2010 Brookwood Medical Center Drive  
Birmingham, AL 35209-6804

Patient:	DAVIS, CHISTOPHER D	Attending Provider:	EDGE MD,KIMBERLEY G ; FARR,
MRN #:	01548471	Admission Date:	8/30/2021
Account #:	45606944	Discharge Date:	
DOB/Age/Sex:	11/8/1985 / 35 years		/ Male

*Patient Depart Summary*

- Trim your toenails straight across. **Do not** dig under them or around the cuticle. File the edges of your nails with an emery board or nail file.
- Apply a moisturizing lotion or petroleum jelly to the skin on your feet and to dry, brittle toenails. Use lotion that does not contain alcohol and is unscented. **Do not** apply lotion between your toes.

**Shoes and socks**

- Wear clean socks or stockings every day. Make sure they are not too tight. **Do not** wear knee-high stockings since they may decrease blood flow to your legs.
- Wear shoes that fit properly and have enough cushioning. Always look in your shoes before you put them on to be sure there are no objects inside.
- To break in new shoes, wear them for just a few hours a day. This prevents injuries on your feet.

**Wounds, scrapes, corns, and calluses**

- Check your feet daily for blisters, cuts, bruises, sores, and redness. If you cannot see the bottom of your feet, use a mirror or ask someone for help.
- **Do not** cut corns or calluses or try to remove them with medicine.
- If you find a minor scrape, cut, or break in the skin on your feet, keep it and the skin around it clean and dry. You may clean these areas with mild soap and water. **Do not** clean the area with peroxide, alcohol, or iodine.
- If you have a wound, scrape, corn, or callus on your foot, look at it several times a day to make sure it is healing and not infected. Check for:
  - Redness, swelling, or pain.
  - Fluid or blood.
  - Warmth.
  - Pus or a bad smell.

**General instructions**

- **Do not** cross your legs. This may decrease blood flow to your feet.
- **Do not** use heating pads or hot water bottles on your feet. They may burn your skin. If you have lost feeling in your feet or legs, you may not know this is happening until it is too late.
- Protect your feet from hot and cold by wearing shoes, such as at the beach or on hot pavement.
- Schedule a complete foot exam at least once a year (annually) or more often if you have foot problems. If you have foot problems, report any cuts, sores, or bruises to your health care provider immediately.

**Contact a health care provider if:**

- You have a medical condition that increases your risk of infection and you have any cuts, sores, or bruises on your feet.
- You have an injury that is not healing.
- You have redness on your legs or feet.
- You feel burning or tingling in your legs or feet.
- You have pain or cramps in your legs and feet.
- Your legs or feet are numb.
- Your feet always feel cold.
- You have pain around a toenail.

**Get help right away if:**

**Brookwood Baptist Medical Center**  
2010 Brookwood Medical Center Drive  
Birmingham, AL 35209-6804

**Patient:** DAVIS, CHISTOPHER D  
**MRN #:** 01548471  
**Account #:** 45606944  
**DOB/Age/Sex:** 11/8/1985 / 35 years / Male

**Attending Provider:** EDGE MD, KIMBERLEY G ; FARR,  
**Admission Date:** 8/30/2021  
**Discharge Date:**

### Patient Depart Summary

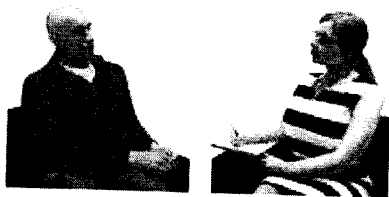
- Decreased ability to focus or concentrate.
- Increased purposeful activity, such as work, study, or social activity.
- Increased nonproductive activity. This could be pacing, squirming and fidgeting, or finger and toe tapping.
- Impulsive behavior and poor judgment. This may result in high-risk activities, such as having unprotected sex or spending a lot of money.
- Having false beliefs (delusions) or seeing, hearing, or feeling things that do not exist (hallucinations).

### How is this diagnosed?

This condition may be diagnosed based on:

- Your symptoms and medical history.
- A physical exam. Your health care provider will check for physical conditions that may be causing your symptoms.
- A mental health evaluation. You may be referred to a mental health provider who specializes in diagnosing and treating mood disorders.

### How is this treated?



This condition may be treated with:

- Medicines, such as mood stabilizers.
- Talk therapy (psychotherapy) with a mental health provider.
- A procedure to change the brain chemicals that send messages between brain cells (neurotransmitters). This procedure, called electroconvulsive therapy (ECT), applies short electrical pulses to the brain through the scalp. This may be used in cases of severe mania when other treatments have not helped.

### Follow these instructions at home:

- Take over-the-counter and prescription medicines only as told by your health care provider.
- Try to go to sleep and wake up at the same time every day.
- Make and follow a routine for daily meal times.
- Ask for support from family, friends, or relatives to make sure you stay on track with your treatment.
- Keep all follow-up visits as told by your health care provider. This is important.

### Contact a health care provider if:

- You have concerns about your treatment.
- You have side effects from your prescription medicines.
- Your symptoms do not improve or they get worse.
- Your mania may be putting your health, or others' health, at risk.

TRANSMISSION VERIFICATION REPORT

TIME : 03/30/2022 08:47  
NAME : CITIZENS SVCS  
FAX : 2052263731  
TEL : 2052263705  
SER.# : U63315H1J912113

DATE, TIME  
FAX NO./NAME  
DURATION  
PAGE(S)  
RESULT  
MODE

03/30 08:47  
913349567378  
~~00:00:25~~  
01  
OK  
STANDARD

Return To Work Status

DAVIS, CHRISTOPHER - 000003160172

Document type: Return To Work Status  
Result date: March 29, 2022 12:20 CDT  
Result status: Auth (Verified)  
Document title: Return To Work/School Status  
Performed by: Adair, Rachel RN on March 29, 2022 12:20 CDT  
Electronically Signed By: Adair, Rachel RN on March 29, 2022 12:20 CDT  
Encounter info: 652909272083, UABC, 1 Time OP, 3/29/2022 -

Return To Work/School Status Entered On: 3/29/2022 12:20 CDT  
Performed On: 3/29/2022 12:20 CDT by Adair, Rachel RN

**Return to Work/School Status**

*Patient Name/Address/Phone :*

CHRISTOPHER DAVIS  
8324 12TH AVE S  
BIRMINGHAM, AL 35206  
Phone: (205) 504-6113

*Employer/School:* Employer

*Clinic:* Orthopedic

*Return To Work/School Comment:* From foot/ankle standpoint, Mr. Davis can go back to work.

Adair, Rachel RN - 3/29/2022 12:20 CDT



**Your Prescription Receipt**

**DAVIS, CHRISTOPHER D**

1209 12TH ST N  
BIRMINGHAM, AL 35204  
(205) 504-6113 DOB: 11/08/1985

Public Pharmacy# 1512  
230 20TH STREET SOUTH  
BIRMINGHAM, AL 35233  
Phone# (205) 250-7174

Rx: **6149460** New

Filled: 08/08/21

**AMITRIPTYLINE 25 MG TAB**

NDC: 16729-0172-17

Mfg: ACCORD HEALTHCA

Lot#: Expiration: 08/08/2022

Qty: 60

Days: 30

**No Refills. Auth Required.**

LATORYA FRANKS

RXCUT DISCOUNT CARD

Primary Ins. PROCARE

Primary Ref. # A2216201094781

**AMOUNT DUE: \$7.49**

**Your Medication**

NDC# 16729-0172-17

Side 1 - 12

Side 2 -

Form: tablet

Shape: round

Color: brown



CALL YOUR DOCTOR FOR MEDICAL ADVICE ABOUT SIDE EFFECTS. YOU MAY REPORT SIDE EFFECTS TO THE FDA AT 1-800-FDA-1088

You must notify Darden Total Rewards Service Center of the qualifying event by accessing My Total Rewards™ at [darden.benefitsnow.com](https://darden.benefitsnow.com) or calling 1-855-201-7638.

### How Is COBRA Coverage Provided?

Once Darden Total Rewards Service Center receives notice that a qualifying event has occurred, COBRA continuation coverage will be offered to each of the qualified beneficiaries. Each qualified beneficiary will have an independent right to elect COBRA continuation coverage. You may elect continuation coverage on behalf of your spouse and dependent children. Your spouse may also elect continuation coverage on behalf of your dependent children.

COBRA continuation coverage is a temporary continuation of coverage. When the qualifying event is one of the following events, COBRA continuation coverage lasts for up to a total of 36 months for your spouse and dependent children:

- Your death;
- Your divorce or legal separation; or
- Your dependent stops being eligible for coverage under the Plan as a "dependent child".

When the qualifying event is one of the following events, COBRA continuation coverage lasts for up to a total of 18 months for qualified beneficiaries:

- Your hours of employment are reduced; or
- Your employment ends for any reason other than your gross misconduct.

When the qualifying event is your reduction in hours or your termination of employment and you were entitled to Medicare benefits prior to the qualifying event, additional coverage for your spouse and dependents may be available. Your spouse and dependents would be eligible to receive up to 36 months of COBRA continuation coverage from the date of your entitlement to Medicare. For example, if you became entitled to Medicare 8 months before the date your employment terminates, COBRA continuation coverage for your spouse and dependent children can last up to 36 months after the date of Medicare entitlement, which is equal to 28 months after the date of the qualifying event (36 months minus 8 months prior to the qualifying event).

There are two ways in which an 18-month period of COBRA continuation coverage can be extended.

#### Disability Extension of 18-Month Period of Continuation Coverage

COBRA coverage may be available for you and your family for up to a total of 29 months at a higher premium if:

- You, your covered spouse, or your covered dependents (including newborn and newly adopted children) are determined to be disabled as defined by the Social Security Act prior to the qualifying event or during the first 60 days of COBRA coverage;
- The Social Security Administration's (SSA) disability determination is received before or during the disabled individual's 18 months of COBRA coverage;
- The disability lasts at least until the end of the 18-month period of continuation coverage; and
- Darden Total Rewards Service Center is notified and receives a copy of the SSA's disability determination before the end of the 18-month COBRA coverage period, but not later than 60 days after the date the disabled individual's Social Security disability determination is issued by the SSA. If the disability determination occurred before COBRA coverage started, you're required to notify Darden Total Rewards Service Center and provide a copy of the disability determination within the first 60 days of COBRA coverage.



If you have questions about medication(s) you have been taking that do not appear on this list, or if you have any other questions concerning your medications, please contact the provider who prescribed the medication.

**VITAL SIGNS**

	<b>Latest</b>
<b>Temperature, Deg F:</b>	97.9 DegF
<b>Heart Rate:</b>	113 bpm
<b>Blood Pressure:</b>	218 mmHg / 137 mmHg
<b>Respiratory Rate:</b>	16 br/min
<b>Oxygen Saturation:</b>	98 %

**PATIENT EDUCATION**

# Ankle Pain

The ankle joint holds your body weight and allows you to move around. Ankle pain can occur on either side or the back of one ankle or both ankles. Ankle pain may be sharp and burning or dull and aching. There may be tenderness, stiffness, redness, or warmth around the ankle. Many things can cause ankle pain, including an injury to the area and overuse of the ankle.

**Follow these instructions at home:**

**Activity**

- Rest your ankle as told by your health care provider. Avoid any activities that cause ankle pain.
- **Do not** use the injured limb to support your body weight until your health care provider says that you can. Use crutches as told by your health care provider.
- Do exercises as told by your health care provider.
- Ask your health care provider when it is safe to drive if you have a brace on your ankle.

**If you have a brace:**

- Wear the brace as told by your health care provider. Remove it only as told by your health care provider.
- Loosen the brace if your toes tingle, become numb, or turn cold and blue.
- Keep the brace clean.
- If the brace is not waterproof:
  - **Do not** let it get wet.
  - Cover it with a watertight covering when you take a bath or shower.

**If you were given an elastic bandage:**

**Brookwood Baptist Medical Center**  
2010 Brookwood Medical Center Drive  
Birmingham, AL 35209-6804

<b>Patient:</b>	<b>DAVIS, CHISTOPHER D</b>	<b>Attending Provider:</b>	EDGE MD,KIMBERLEY G ; FARR/
<b>MRN #:</b>	01548471	<b>Admission Date:</b>	8/30/2021
<b>Account #:</b>	45606944	<b>Discharge Date:</b>	
<b>DOB/Age/Sex:</b>	11/8/1985 / 35 years / Male		

*Patient Depart Summary*

To avoid foot problems:

- Check your skin and feet every day for cuts, bruises, redness, blisters, or sores.
- Schedule a foot exam with your health care provider once every year. This exam includes:
  - Inspecting of the structure and skin of your feet.
  - Checking the pulses and sensation in your feet.
- Make sure that your health care provider performs a visual foot exam at every medical visit.

**Take care of your teeth**

People with poorly controlled diabetes are more likely to have gum (periodontal) disease. Diabetes can make periodontal diseases harder to control. If not treated, periodontal diseases can lead to tooth loss. To prevent this:

- Brush your teeth twice a day.
- Floss at least once a day.
- Visit your dentist 2 times a year.

**Drink responsibly**

Limit alcohol intake to no more than 1 drink a day for nonpregnant women and 2 drinks a day for men. One drink equals 12 oz of beer, 5 oz of wine, or 1½ oz of hard liquor.

It is important to eat food when you drink alcohol to avoid low blood glucose (hypoglycemia). Avoid alcohol if you:

- Have a history of alcohol abuse or dependence.
- Are pregnant.
- Have liver disease, pancreatitis, advanced neuropathy, or severe hypertriglyceridemia.

**Lessen stress**

Living with diabetes can be stressful. When you are experiencing stress, your blood glucose may be affected in two ways:


- Stress hormones may cause your blood glucose to rise.
- You may be distracted from taking good care of yourself.

Be aware of your stress level and make changes to help you manage challenging situations. To lower your stress levels:

- Consider joining a support group.
- Do planned relaxation or meditation.
- Do a hobby that you enjoy.
- Maintain healthy relationships.
- Exercise regularly.
- Work with your health care provider or a mental health professional.

**Summary**

- You can take action to prevent or slow down problems that are caused by diabetes (diabetes mellitus). Following your diabetes plan and taking care of yourself can reduce your risk of serious or life-threatening complications.

<div>P U B L I X</div> <div></div> <div>Feeling well. Living better.</div>		<div>CarePoints</div>
<div>Publix Pharmacy #1512</div> <div>230 20th Street South</div> <div>Birmingham-Jefferson, AL 35233</div>	<div>Date: August 18, 2021</div> <div>Message ID: 94562915-10790</div>	

**MEDICATION GUIDE**  
**DEPAKOTE ER (dep-a-kOte)**  
**(divalproex sodium)**  
**Extended-Release Tablets**

**DEPAKOTE (dep-a-kOte)**  
**(divalproex sodium)**  
**Tablets**

**DEPAKOTE (dep-a-kOte)**  
**(divalproex sodium delayed release capsules)**  
**Sprinkle Capsules**

Read this Medication Guide before you start taking Depakote and each time you get a refill. There may be new information. This information does not take the place of talking to your healthcare provider about your medical condition or treatment.

**What is the most important information I should know about Depakote?**

**Do not stop taking Depakote without first talking to your healthcare provider.**

Stopping Depakote suddenly can cause serious problems.

**Depakote can cause serious side effects, including:**

1. **Serious liver damage that can cause death, especially in children younger than 2 years old.** The risk of getting this serious liver damage is more likely to happen within the first 6 months of treatment.

**Call your healthcare provider right away if you get any of the following symptoms:**

- nausea or vomiting that does not go away
  - loss of appetite
  - pain on the right side of your stomach (abdomen)
  - dark urine
  - yellowing of your face
  - yellowing of your skin or the whites of your eyes
- in some cases, liver damage may continue despite stopping the drug.

2. **Depakote may harm your unborn baby.**

- If you take Depakote during pregnancy for any medical condition, your baby is at risk for serious birth defects that affect the brain and spinal cord and are called spina bifida or neural tube defects. These defects occur in 1 to 2 out of every 100 babies born to mothers who use this medicine during pregnancy. These defects can begin in the first month, even before you know you are pregnant. Other birth defects that affect the structures of the heart, head, arms, legs, and the opening where the urine comes out (urethra) on the bottom of the penis can also happen. Decreased hearing or hearing loss can also happen.

- Birth defects may occur even in children born to women who are not taking any medicines and do not have other risk factors.
- Taking folic acid supplements before getting pregnant and during early pregnancy can lower the chance of having a baby with a neural tube defect.
- If you take Depakote during pregnancy for any medical condition, your child is at risk for having lower IQ and may be at risk for developing autism or attention deficit/hyperactivity disorder.
- There may be other medicines to treat your condition that have a lower chance of causing birth defects, decreased IQ, or other disorders in your child.
- Women who are pregnant must not take Depakote to prevent migraine headaches.
- **All women of childbearing age (including girls from the start of puberty) should talk to their healthcare provider about using other possible treatments instead of Depakote. If the decision is made to use Depakote, you should use effective birth control (contraception).**
- Tell your healthcare provider right away if you become pregnant while taking Depakote. You and your healthcare provider should decide if you will continue to take Depakote while you are pregnant.
- **Pregnancy Registry:** If you become pregnant while taking Depakote, talk to your healthcare provider about registering with the North American Antiepileptic Drug Pregnancy Registry. You can enroll in this registry by calling toll-free 1-888-233-2334 or by visiting the website <http://www.aodpregnancyregistry.org/>. The purpose of this registry is to collect information about the safety of antiepileptic drugs during pregnancy.

3. **Inflammation of your pancreas that can cause death.**

**Call your healthcare provider right away if you have any of these symptoms:**

- severe stomach pain that you may also feel in your back
- nausea or vomiting that does not go away

**Brookwood Baptist Medical Center**  
2010 Brookwood Medical Center Drive  
Birmingham, AL 35209-6804

<b>Patient:</b>	<b>DAVIS, CHISTOPHER D</b>	<b>Attending Provider:</b>	EDGE MD,KIMBERLEY G ; FARR,
<b>MRN #:</b>	01548471	<b>Admission Date:</b>	8/30/2021
<b>Account #:</b>	45606944	<b>Discharge Date:</b>	
<b>DOB/Age/Sex:</b>	11/8/1985 / 35 years / Male		

*Patient Depart Summary*

- You have a wound, scrape, corn, or callus on your foot and:
  - You have pain, swelling, or redness that gets worse.
  - You have fluid or blood coming from the wound, scrape, corn, or callus.
  - Your wound, scrape, corn, or callus feels warm to the touch.
  - You have pus or a bad smell coming from the wound, scrape, corn, or callus.
  - You have a fever.
  - You have a red line going up your leg.

**Summary**

- Check your feet every day for cuts, sores, red spots, swelling, and blisters.
- Moisturize feet and legs daily.
- Wear shoes that fit properly and have enough cushioning.
- If you have foot problems, report any cuts, sores, or bruises to your health care provider immediately.
- Schedule a complete foot exam at least once a year (annually) or more often if you have foot problems.

This information is not intended to replace advice given to you by your health care provider. Make sure you discuss any questions you have with your health care provider.

Document Revised: 09/09/2020 Document Reviewed: 01/19/2018  
Elsevier Patient Education © 2020 Elsevier Inc.

**Diabetes Mellitus and Exercise**

Exercising regularly is important for your overall health, especially when you have diabetes (diabetes mellitus). Exercising is not only about losing weight. It has many other health benefits, such as increasing muscle strength and bone density and reducing body fat and stress. This leads to improved fitness, flexibility, and endurance, all of which result in better overall health.

Exercise has additional benefits for people with diabetes, including:

- Reducing appetite.
- Helping to lower and control blood glucose.
- Lowering blood pressure.
- Helping to control amounts of fatty substances (lipids) in the blood, such as cholesterol and triglycerides.
- Helping the body to respond better to insulin (improving insulin sensitivity).
- Reducing how much insulin the body needs.
- Decreasing the risk for heart disease by:
  - Lowering cholesterol and triglyceride levels.
  - Increasing the levels of good cholesterol.
  - Lowering blood glucose levels.

**What is my activity plan?**

Hey Baby I just

Want you to know that

I love you so much  
and I'm Praying for

You and God is going  
to heal Your Body I

Miss You and I will

See You later Don't

Worry Everything Will

be ok. My love bb

Love,  
Tiffany  
↓  
The kids





**Brookwood Baptist Medical Center**  
2010 Brookwood Medical Center Drive  
Birmingham, AL 35209-6804

Patient: **DAVIS, CHISTOPHER D**  
MRN #: 01548471  
Account #: 45606944  
DOB/Age/Sex: 11/8/1985 / 35 years / Male

Attending Provider: **EDGE MD, KIMBERLEY G ; FARR,**  
Admission Date: 8/30/2021  
Discharge Date:

***Patient Depart Summary***

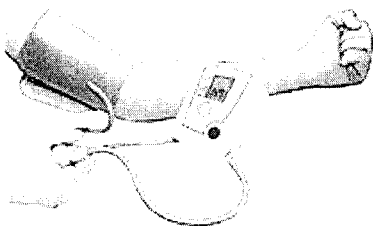
- Educate yourself about your condition so you can make healthy choices about eating and physical activity.
- Check your blood sugar (glucose) levels as often as directed. Your health care provider will help you decide how often to check your blood glucose level depending on your treatment goals and how well you are meeting them.
- Ask your health care provider if you should take low-dose aspirin daily and what dose is recommended for you. Taking low-dose aspirin daily is recommended to help prevent cardiovascular disease.

**Do not use nicotine or tobacco**

**Do not** use any products that contain nicotine or tobacco, such as cigarettes and e-cigarettes. If you need help quitting, ask your health care provider. Nicotine raises your risk for diabetes problems. If you quit using nicotine:

- You will lower your risk for heart attack, stroke, nerve disease, and kidney disease.
- Your cholesterol and blood pressure may improve.
- Your blood circulation will improve.

**Keep your blood pressure under control**



Your personal target blood pressure is determined based on:

- Your age.
- Your medicines.
- How long you have had diabetes.
- Any other medical conditions you have.

To control your blood pressure:

- Follow instructions from your health care provider about meal planning, exercise, and medicines.
- Make sure your health care provider checks your blood pressure at every medical visit.
- Monitor your blood pressure at home as told by your health care provider.

**Keep your cholesterol under control**

To control your cholesterol:

- Follow instructions from your health care provider about meal planning, exercise, and medicines.
- Have your cholesterol checked at least once a year.
- You may be prescribed medicine to lower cholesterol (statin). If you are not taking a statin, ask your health care provider if you should be.

Controlling your cholesterol may:

- Help prevent heart disease and stroke. These are the most common health problems for people with diabetes.



P U B L I X [Redacted] Feeling better about life		CarePoints
Pharmacy #1512 20th Street South Birmingham-Jefferson, AL 35233		Date: August 08, 2021 Message ID: 73577369-413

# MEDICATION GUIDE

## Antidepressant Medicines, Depression and other Serious Mental Illnesses, and Suicidal Thoughts or Actions

Read the Medication Guide that comes with your or your family member's antidepressant medicine. This Medication Guide is only about the risk of suicidal thoughts and actions with antidepressant medicines. **Talk to your, or your family member's, healthcare provider about:**

- all risks and benefits of treatment with antidepressant medicines
- all treatment choices for depression or other serious mental illness

**What is the most important information I should know about antidepressant medicines, depression and other serious mental illnesses, and suicidal thoughts or actions?**

- 1. Antidepressant medicines may increase suicidal thoughts or actions in some children, teenagers, and young adults within the first few months of treatment.**
- 2. Depression and other serious mental illnesses are the most important causes of suicidal thoughts and actions. Some people may have a particularly high risk of having suicidal thoughts or actions.** These include people who have (or have a family history of) bipolar illness (also called manic-depressive illness) or suicidal thoughts or actions.
- 3. How can I watch for and try to prevent suicidal thoughts and actions in myself or a family member?**
  - Pay close attention to any changes, especially sudden changes in mood, behaviors, thoughts, or feelings. This is very important when an antidepressant medicine is started or when the dose is changed.
  - Call the healthcare provider right away to report new or sudden changes in mood, behavior, thoughts, or feelings.
  - Keep all follow-up visits with the healthcare provider as scheduled. Call the healthcare provider between visits as needed, especially if you have concerns about symptoms.

**Call a healthcare provider right away if you or your family member has any of the following symptoms, especially if they are new, worse, or worry you:**

- thoughts about suicide or dying
- attempts to commit suicide
- new or worse depression
- new or worse anxiety
- feeling very agitated or restless
- panic attacks
- trouble sleeping (insomnia)
- new or worse irritability

- acting aggressive, being angry, or violent
- acting on dangerous impulses
- an extreme increase in activity and talking (mania)
- other unusual changes in behavior or mood

**What else do I need to know about antidepressant medicines?**

- **Never stop an antidepressant medicine without first talking to a healthcare provider.** Stopping an antidepressant medicine suddenly can cause other symptoms.
- **Antidepressants are medicines used to treat depression and other illnesses.** It is important to discuss all the risks of having depression and also the risks of not treating it. Patients and their families or other caregivers should discuss all treatment decisions with the healthcare provider, not just the need for antidepressants.
- **Antidepressant medicines have other side effects.** Talk to the healthcare provider about the side effects of the medicine prescribed for you or your family member.
- **Antidepressant medicines can interact with other medicines.** Know all of the medicines that you or your family member takes. Keep a list of all medicines to show the healthcare provider. Do not start new medicines without first checking with your healthcare provider.
- **Not all antidepressant medicines prescribed for children are FDA approved for use in children.** Ask your child's healthcare provider for more information.

These are not all the possible side effects. Ask your doctor for medical advice about side effects. You may report side effects to FDA at 1-800-FDA-1088.

*This Medication Guide has been approved by the US Food and Drug Administration for all antidepressants.*

Patient Information revised December 4, 2010

PV 7090 AMP

Brookwood Baptist Medical Center  
2010 Brookwood Medical Center Drive  
Birmingham, AL 35209-6804

atient: DAVIS, CHISTOPHER D  
MRN #: 01548471  
Account #: 45606944  
DOB/Age/Sex: 11/8/1985 / 35 years / Male

Attending Provider: EDGE MD,KIMBERLEY G ; FARR,  
Admission Date: 8/30/2021  
Discharge Date:

Patient Depart Summary

Medication Instructions

Your discharge prescriptions may be printed, called in, or transmitted electronically to the pharmacy. If there are any issues with your prescriptions, please call the physician.

	What	How Much	When	Instructions	Next Dose
New	albuterol (albuterol HFA 90 mcg/ inh inhalation aerosol)	2 inhalation Oral Inhalation	Every 4 hours scheduled as needed for Shortness of Breath and/or Wheezing	Pickup at Publix #1512 20 Midtown	As needed
New	dexamethasone (dexamethasone 6 mg oral tablet)	1 tablet(s) Oral	Daily	Pickup at Publix #1512 20 Midtown	In the AM
Changed	divalproex sodium (Depakote 250 mg oral delayed release tablet)	1 tablet(s) Oral	Every morning		In the AM
Changed	divalproex sodium (divalproex sodium 500 mg oral tablet, extended release)	1 tablet(s) Oral	Nightly at bedtime		9pm
Unchanged	amitriptyline (amitriptyline 25 mg oral tablet)	1 tablet(s) Oral	Daily		in the AM
Unchanged	doxepin (doxepin 25 mg oral capsule)	1 capsule(s) Oral	Nightly at bedtime		9pm
Unchanged	FLUoxetine (FLUoxetine 20 mg oral capsule)	1 capsule(s) Oral	Daily		in the AM
Unchanged	simvastatin (simvastatin 10 mg oral tablet)	1 tablet(s) Oral	Daily		in the AM

Pharmacy Information  
Publix #1512 20 Midtown: 230 20th St S Birmingham, AL 352332022 (205) 250 - 7174

**Your Prescription Receipt**

**DAVIS, CHRISTOPHER D**

1209 12TH ST N  
BIRMINGHAM, AL 35204  
(205) 504-6113 DOB: 11/08/1985

Publix Pharmacy# 1512  
230 20TH STREET SOUTH  
BIRMINGHAM, AL 35233  
Phone# (205) 250-7174

Rx: **6149421** Refill  
Filled: 08/18/21

**CARVEDILOL 12.5 MG TAB**

NDC: 68382-0094-05 Mfg: ZYDUS PHARMACEU Lot#:   
Qty: 60 Days: 30 Expiration: 08/18/2022

**1 Partial by 07/20/2022**

LATORYA FRANKS

Primary Ins. FED MEDICAID ALABAMA  
Primary Ref. # 2521227013293

**Your plan(s) have saved you \$13.95**

**Your Medication**

NDC# 68382-0094-05

Side 1 - ZC41

Side 2 -

Form: tablet

Shape: round

Color: white

**AMOUNT DUE: \$0.00**



CALL YOUR DOCTOR FOR MEDICAL ADVICE ABOUT SIDE EFFECTS. YOU MAY REPORT SIDE EFFECTS TO THE FDA AT 1-800-FDA-1088

**Your Prescription Receipt**

**DAVIS, CHRISTOPHER D**

1209 12TH ST N  
BIRMINGHAM, AL 35204  
(205) 504-6113 DOB: 11/08/1985

Publix Pharmacy# 1512  
230 20TH STREET SOUTH  
BIRMINGHAM, AL 35233

Phone# (205) 250-7174

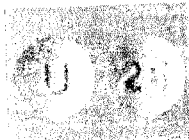
Rx: **6149411**      **Refill**  
Filled: 08/18/21

**ATENOLOL-CHLOR 100-25 MG TAB**  
NDC: 29300-0401-01      Mfg: UNICHEM PHARMAC      Lot#:  
Qty: 30      Days: 30      Expiration: 08/18/2022  
**1 Partial by 07/20/2022**  
LATORYA FRANKS  
Primary Ins. FED MEDICAID ALABAMA  
Primary Ref. # 2521227013288

**Your plan(s) have saved you \$56.95**

**Your Medication**  
NDC# 29300-0401-01  
Side 1 - U  
Side 2 - 26  
Form: tablet  
Shape: round  
Color: light yellow

**AMOUNT DUE: \$0.00**



CALL YOUR DOCTOR FOR MEDICAL ADVICE ABOUT SIDE EFFECTS. YOU MAY REPORT SIDE EFFECTS TO THE FDA AT 1-800-FDA-1088.

Your Prescription Receipt

DAVIS, CHRISTOPHER D

1209 12TH ST N  
BIRMINGHAM, AL 35204  
(205) 504-6113 DOB: 11/08/1985

Publix Pharmacy# 1512  
230 20TH STREET SOUTH  
BIRMINGHAM, AL 35233

Phone# (205) 250-7174

Rx: 6149410 Refill  
Filled: 08/18/21

SIMVASTATIN 10 MG TAB

NDC: 16729-0004-17 Mfg: ACCORD HEALTHCA Lot#: PY07019  
Qty: 30 Days: 30 Expiration: 08/18/2022

1 Partial by 07/20/2022

LATORYA FRANKS

Primary Ins. FED MEDICAID ALABAMA  
Primary Ref. # 2521227013295

Your plan(s) have saved you \$7.50

Your Medication

NDC# 16729-0004-17

Side 1 - S 4

Side 2 -

Form: tablet

Shape: oval

Color: brick red

AMOUNT DUE: \$0.00



CALL YOUR DOCTOR FOR MEDICAL ADVICE ABOUT SIDE EFFECTS. YOU MAY REPORT SIDE EFFECTS TO THE FDA AT 1-800-FDA-1088.

**Your Prescription Receipt**

**DAVIS, CHRISTOPHER D**

1209 12TH ST N  
BIRMINGHAM, AL 35204  
(205) 504-6113 DOB: 11/08/1985

Publix Pharmacy# 1512  
230 20TH STREET SOUTH  
BIRMINGHAM, AL 35233

Phone# (205) 250-7174

Rx: **6149420**      **Refill**  
Filled: 08/18/21

**LISINOPRIL 40 MG TAB**  
NDC: 43547-0356-11

Qty: 30

Mfg: SOLCO HEALTHCAR  
Days: 30

Lot#:      Expiration: 08/18/2022

**1 Partial by 07/20/2022**

LATORYA FRANKS

Primary Ins. FED MEDICAID ALABAMA  
Primary Ref. # 2521227013289

**Your Medication**

NDC# 43547-0356-11

Side 1 - H 149

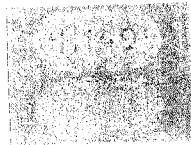
Side 2 -

Form: tablet

Shape: oblong

Color: yellow

**AMOUNT DUE: \$0.00**



CALL YOUR DOCTOR FOR MEDICAL ADVICE ABOUT SIDE EFFECTS. YOU MAY REPORT SIDE EFFECTS TO THE FDA AT 1-800-FDA-1088.

**Your Prescription Receipt**

**DAVIS, CHRISTOPHER D**

1209 12TH ST N  
BIRMINGHAM, AL 35204  
(205) 504-6113 DOB: 11/08/1985

Publix Pharmacy# 1512  
230 20TH STREET SOUTH  
BIRMINGHAM, AL 35233  
Phone# (205) 250-7174

Rx: **6149415**      **Refill**  
Filled: 08/18/21

**METFORMIN 500 MG TAB**

NDC: 49483-0622-81  
Qty: 30

Mfg: TIME-CAP LABS  
Days: 30

Lot#:  
Expiration: 08/18/2022

**1 Partial by 07/20/2022**

LATORYA FRANKS

Primary Ins. FED MEDICAID ALABAMA  
Primary Ref. # 2521227013296

**Your Medication**

**NDC#** 49483-0622-81

**Side 1 -** 134

**Side 2 -**

**Form:** tablet

**Shape:** round

**Color:** white

**AMOUNT DUE:** \$0.00



CALL YOUR DOCTOR FOR MEDICAL ADVICE ABOUT SIDE EFFECTS. YOU MAY REPORT SIDE EFFECTS TO THE FDA AT 1-800-FDA-1088.

**Your Prescription Receipt**

**DAVIS, CHRISTOPHER D**

1209 12TH ST N  
BIRMINGHAM, AL 35204  
(205) 504-6113 DOB: 11/08/1985

Publix Pharmacy# 1512  
230 20TH STREET SOUTH  
BIRMINGHAM, AL 35233

Phone# (205) 250-7174

Rx: **6149416** Refill  
Filled: 08/18/21

**FLUOXETINE 20 MG CAP**

NDC: 65862-0193-01 Mfg: AUROBINDO PHARM Lot#:   
Qty: 30 Days: 30 Expiration: 08/18/2022

**1 Partial by 07/20/2022**

LATORYA FRANKS

Primary Ins. FED MEDICAID ALABAMA  
Primary Ref. # 2521227013291

**Your plan(s) have saved you \$44.95**

**Your Medication**

**NDC# 65862-0193-01**

**Side 1 - E**

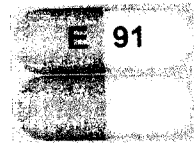
**Side 2 - 91**

**Form: capsule**

**Shape: oblong**


**Color: green,off-white**

**AMOUNT DUE: \$0.00**



CALL YOUR DOCTOR FOR MEDICAL ADVICE ABOUT SIDE EFFECTS. YOU MAY REPORT SIDE EFFECTS TO THE FDA AT 1-800-FDA-1088



<div>PUBLIX</div> <div></div> <div>Feeling well. Living better.</div>		<div>CarePoints</div>
<div>Publix Pharmacy #1512</div> <div>230 20th Street South</div> <div>Birmingham-Jefferson, AL 35233</div>	<div>Date: August 18, 2021</div> <div>Message ID: 94569139-1395</div>	

**MEDICATION GUIDE**  
**PROZAC® (PRO-zac)**  
**(fluoxetine capsules)**  
**for oral use**

Read the Medication Guide that comes with PROZAC before you start taking it and each time you get a refill. There may be new information. This Medication Guide does not take the place of talking to your healthcare provider about your medical condition or treatment. Talk with your healthcare provider if there is something you do not understand or want to learn more about.

**What is the most important information I should know about PROZAC?**

PROZAC and other antidepressant medicines may cause serious side effects, including:

**1. Suicidal thoughts or actions:**

- **PROZAC and other antidepressant medicines may increase suicidal thoughts or actions** in some children, teenagers, or young adults within the **first few months of treatment or when the dose is changed**.
- Depression or other serious mental illnesses are the most important causes of suicidal thoughts or actions.
- Watch for these changes and call your healthcare provider right away if you notice:
  - New or sudden changes in mood, behavior, actions, thoughts, or feelings, especially if severe.
  - Pay particular attention to such changes when PROZAC is started or when the dose is changed.

Keep all follow-up visits with your healthcare provider and call between visits if you are worried about symptoms.

**Call your healthcare provider right away if you have any of the following symptoms, or call 911 if an emergency, especially if they are new, worse, or worry you:**

- attempts to commit suicide
- acting on dangerous impulses
- acting aggressive or violent
- thoughts about suicide or dying
- new or worse depression
- new or worse anxiety or panic attacks
- feeling agitated, restless, angry or irritable
- trouble sleeping
- an increase in activity or talking more than what is normal for you
- other unusual changes in behavior or mood

**Call your healthcare provider right away if you have any of the following symptoms, or call 911 if an emergency. PROZAC may be associated with these serious side effects:**

**2. Serotonin Syndrome. This condition can be life-threatening and may include:**

- agitation, hallucinations, coma or other changes in mental status
- coordination problems or muscle twitching (overactive reflexes)
- racing heartbeat, high or low blood pressure
- sweating or fever
- nausea, vomiting, or diarrhea
- muscle rigidity
- dizziness
- flushing
- tremor
- seizures

**3. Severe allergic reactions:**

- trouble breathing
- swelling of the face, tongue, eyes or mouth
- rash, itchy welts (hives) or blisters, alone or with fever or joint pain

**4. Abnormal bleeding:** PROZAC and other antidepressant medicines may increase your risk of bleeding or bruising, especially if you take the blood thinner warfarin (Coumadin<sup>®</sup>, Jantoven<sup>®</sup>), a non-steroidal anti-inflammatory drug (NSAIDs, like ibuprofen or naproxen), or aspirin

**5. Visual problems:**

- eye pain
- changes in vision
- swelling or redness in or around the eye

Only some people are at risk for these problems. You may want to undergo an eye examination to see if you are at risk and receive preventative treatment if you are.

**6. Seizures or convulsions**

**7. Manic episodes:**

- greatly increased energy
- severe trouble sleeping
- racing thoughts
- reckless behavior
- unusually grand ideas
- excessive happiness or irritability
- talking more or faster than usual

**8. Changes in appetite or weight.** Children and adolescents should have height and weight monitored during treatment.

- **High ammonia levels in your blood:** feeling tired, vomiting, changes in mental status.
- **Low body temperature (hypothermia):** drop in your body temperature to less than 95°F, feeling tired, confusion, coma.
- **Allergic (hypersensitivity) reactions:** fever, skin rash, hives, sores in your mouth, blistering and peeling of your skin, swelling of your lymph nodes, swelling of your face, eyes, lips, tongue, or throat, trouble swallowing or breathing.
- **Drowsiness or sleepiness in the elderly.** This extreme drowsiness may cause you to eat or drink less than you normally would. Tell your doctor if you are not able to eat or drink as you normally do. Your doctor may start you at a lower dose of Depakote.

**Call your healthcare provider right away, if you have any of the symptoms listed above.**

**The common side effects of Depakote include:**

- nausea
- headache
- sleepiness
- vomiting
- weakness
- tremor
- dizziness
- stomach pain
- blurry vision
- double vision
- diarrhea
- increased appetite
- weight gain
- hair loss
- loss of appetite
- problems with walking or coordination

These are not all of the possible side effects of **Depakote**. For more information, ask your healthcare provider or pharmacist.

Tell your healthcare provider if you have any side effect that bothers you or that does not go away.

**Call your doctor for medical advice about side effects. You may report side effects to FDA at 1-800-FDA-1088.**

**How should I store Depakote?**

- Store Depakote Extended-Release Tablets between 59°F to 86°F (15°C to 30°C).
- Store Depakote Delayed Release Tablets below 86°F (30°C).
- Store Depakote Sprinkle Capsules below 77°F (25°C).

**Keep Depakote and all medicines out of the reach of children.**

**General information about the safe and effective use of Depakote**

Medicines are sometimes prescribed for purposes other than those listed in a Medication Guide. Do not use Depakote for a condition for which it was not prescribed. Do not give Depakote to other people, even if they have the same symptoms that you have. It may harm them.

This Medication Guide summarizes the most important information about Depakote. If you would like more information, talk with your healthcare provider. You can ask your pharmacist or healthcare provider for information about Depakote that is written for health professionals.

For more information, go to [www.rxabbvie.com](http://www.rxabbvie.com) or call 1-800-633-9110.

**What are the ingredients in Depakote?**

Active ingredient: divalproex sodium

Inactive ingredients:

- **Depakote Extended-Release Tablets:** FD&C Blue No. 1, hydrocodone, lactose, microcrystalline cellulose, polyethylene glycol, potassium sorbate, propylene glycol, silicon dioxide, titanium dioxide, and triacetin. The 500 mg tablets also contain iron oxide and polydextrose.
- **Depakote Tablets:** cellulosic polymers, diacetylated monoglycerides, povidone, pregelatinized starch (contains corn starch), silica gel, talc, titanium dioxide, and vanillin.
  - Individual tablets also contain:
    - 125 mg tablets:** FD&C Blue No. 1 and FD&C Red No. 40,
    - 250 mg tablets:** FD&C Yellow No. 6 and iron oxide,
    - 500 mg tablets:** D&C Red No. 30, FD&C Blue No. 2, and iron oxide
- **Depakote Sprinkle Capsules:** cellulosic polymers, D&C Red No. 28, FD&C Blue No. 1, gelatin, iron oxide, magnesium stearate, silica gel, titanium dioxide, and triethyl citrate.

**Depakote ER:**

**250 mg** is Mfd. by AbbVie LTD, Barceloneta, PR 00617

**500 mg** is Mfd. by AbbVie Inc., North Chicago, IL 60064 U.S.A, or

AbbVie LTD, Barceloneta, PR 00617

For AbbVie Inc., North Chicago, IL 60064 U.S.A.

**Depakote Tablets:**

Mfd. by AbbVie LTD, Barceloneta, PR 00617

For AbbVie Inc., North Chicago, IL 60064, U.S.A

**Depakote Sprinkle Capsules:**

AbbVie Inc., North Chicago, IL 60064, U.S.A

This Medication Guide has been approved by the U.S. Food and Drug Administration.

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Revised: February 2021

20067097

Christopher D. Davis  
3324 12TH AVE S  
BIRMINGHAM, AL 35206

10/14/2021

Dear Christopher D. Davis,

This is a reminder for your upcoming appointment with LEE, TAMEKA R, DPM.

Date: 11/10/21  
Time: 2:30 PM  
Department:  
Location: Simon Williamson Clinic Princeton  
Visit Type: New Patient

Instructions:

If for any reason you are unable to keep this appointment, please contact the office at 205-206-8461 to reschedule.

Sincerely,

Patient Service Specialist for LEE, TAMEKA R, DPM

...er, vomiting, changes in

What are the ingredients in Depakote?

Active ingredient: divalproex sodium

inactive ingredients:

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**500 mg** is Mfd. by AbbVie Inc., North Chicago, IL 60064 U.S.A. or AbbVie LTD, Barceloneta, PR 00617  
For AbbVie Inc., North Chicago, IL 60064 U.S.A

**Depakote Tablets:**

Mfd. by AbbVie LTD, Barceloneta, PR 00617  
For AbbVie Inc., North Chicago, IL 60064, U.S.A

**Depakote Sprinkle Capsules:**

AbbVie Inc., North Chicago, IL 60064, U.S.A.

This Medication Guide has been approved by the U.S. Food and Drug Administration.

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Revised: June 2021

20068449

...**hypothermia**): drop in your body temperature  
...tired, confusion, coma.

...**hypersensitivity) reactions:** fever, skin rash, hives, sores in mouth, blistering and peeling of your skin, swelling of your lymph nodes, swelling of your face, eyes, lips, tongue, or throat, trouble swallowing or breathing.

- **Drowsiness or sleepiness in the elderly.** This extreme drowsiness may cause you to eat or drink less than you normally would. Tell your doctor if you are not able to eat or drink as you normally do. Your doctor may start you at a lower dose of Depakote.

**Call your healthcare provider right away, if you have any of the symptoms listed above.**

**The common side effects of Depakote include:**

- nausea
- headache
- sleepiness
- vomiting
- weakness
- tremor
- dizziness
- stomach pain
- blurry vision
- double vision
- diarrhea
- increased appetite
- weight gain
- hair loss
- loss of appetite
- problems with walking or coordination

These are not all of the possible side effects of **Depakote**. For more information, ask your healthcare provider or pharmacist.

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**How should I store Depakote?**

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- Store Depakote Delayed Release Tablets below 86°F (30°C).
- Store Depakote Sprinkle Capsules below 77°F (25°C).


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**General information about the safe and effective use of Depakote**

Medicines are sometimes prescribed for purposes other than those listed in a Medication Guide. Do not use Depakote for a condition for which it was not prescribed. Do not give Depakote to other people, even if they have the same symptoms that you have. It may harm them.

This Medication Guide summarizes the most important information about Depakote. If you would like more information, talk with your healthcare provider. You can ask your pharmacist or healthcare provider for information about Depakote that is written for health professionals.

For more information, go to [www.rxabbvie.com](http://www.rxabbvie.com) or call 1-800-633-9110

P U B L I X  Feeling well. Living better.		CarePoints
Publix Pharmacy #1512 230 20th Street South Birmingham-Jefferson, AL 35233	Date: March 16, 2022 Message ID: 09631209-10790	

**MEDICATION GUIDE**  
**DEPAKOTE ER (dep-a-kOte)**  
**(divalproex sodium)**  
**Extended-Release Tablets**

**DEPAKOTE (dep-a-kOte)**  
**(divalproex sodium)**  
**Tablets**

**DEPAKOTE (dep-a-kOte)**  
**(divalproex sodium delayed release capsules)**  
**Sprinkle Capsules**

Read this Medication Guide before you start taking Depakote and each time you get a refill. There may be new information. This information does not take the place of talking to your healthcare provider about your medical condition or treatment.

**What is the most important information I should know about Depakote?**

**Do not stop taking Depakote without first talking to your healthcare provider.**

Stopping Depakote suddenly can cause serious problems.

**Depakote can cause serious side effects, including:**

1. **Serious liver damage that can cause death, especially in children younger than 2 years old.** The risk of getting this serious liver damage is more likely to happen within the first 6 months of treatment.

**Call your healthcare provider right away if you get any of the following symptoms:**

- nausea or vomiting that does not go away
- loss of appetite
- pain on the right side of your stomach (abdomen)
- dark urine
- swelling of your face
- yellowing of your skin or the whites of your eyes

In some cases, liver damage may continue despite stopping the drug.

2. **Depakote may harm your unborn baby.**

- If you take Depakote during pregnancy for any medical condition, your baby is at risk for serious birth defects that affect the brain and spinal cord and are called spina bifida or neural tube defects. These defects occur in 1 to 2 out of every 100 babies born to mothers who use this medicine during pregnancy. These defects can begin in the first month, even before you know you are pregnant. Other birth defects that affect the structures of the heart, head, arms, legs, and the opening where the urine comes out (urethra) on the bottom of the penis can also happen. Decreased hearing or hearing loss can also happen.

- Birth defects may occur even in children born to women who are not taking any medicines and do not have other risk factors.
- Taking folic acid supplements before getting pregnant and during early pregnancy can lower the chance of having a baby with a neural tube defect.
- If you take Depakote during pregnancy for any medical condition, your child is at risk for having lower IQ and may be at risk for developing autism or attention deficit/hyperactivity disorder.
- There may be other medicines to treat your condition that have a lower chance of causing birth defects, decreased IQ, or other disorders in your child.
- Women who are pregnant must not take Depakote to prevent migraine headaches.
- **All women of childbearing age (including girls from the start of puberty) should talk to their healthcare provider about using other possible treatments instead of Depakote. If the decision is made to use Depakote, you should use effective birth control (contraception).**
- Tell your healthcare provider right away if you become pregnant while taking Depakote. You and your healthcare provider should decide if you will continue to take Depakote while you are pregnant.
- **Pregnancy Registry:** If you become pregnant while taking Depakote, talk to your healthcare provider about the Antiepileptic Drug Pregnancy Registry by calling toll-free 1-888-233-2332 or visiting [aedpregnancyregistry.org](http://www.aedpregnancyregistry.org) for more information about the registry.

3. **Inflammation of your liver.**  
**Call your healthcare provider right away if you get any of the following symptoms:**

- severe stomach pain
- nausea or vomiting

Depakote contains the following ingredients:  
• active ingredients  
• inactive ingredients  
• have a genetic problem with the way your body processes medicines

78 of 104  
Prescription Facts  
DAVIS, CHRISTOP  
NAME

DRUG NAME:  
GENERIC NAME:

**USES:** Naproxen  
fever and to re-  
production of  
arthritis, ask  
if you have  
different p  
58

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**PRECAUTIONS:**

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1125



## Your Prescription Receipt

**DAVIS, CHRISTOPHER D**

8324 12TH AVE S  
BIRMINGHAM, AL 35206  
(205) 504-6113 DOB: 11/08/1985

Publix Pharmacy# 1512  
230 20TH STREET SOUTH  
BIRMINGHAM, AL 35233

Phone# (205) 250-7174

Rx: 6164108 New

Filled: 11/15/21

**IBUPROFEN 800 MG TAB**

NDC: 49483-0604-50

Mfg: TIME-CAP LABS

Lot#: 9S1028

Qty: 30

Days: 10

Expiration: 11/15/2022

**No Refills. Auth Required.**

JOANN DEVANY

Primary Ins. FED MEDICAID ALABAMA

Primary Ref. # 2521319020208

**Your plan(s) have saved you \$11.95**

## Your Medication

**NDC# 49483-0604-50**

Side 1 - 123

Side 2 -

**Form:** tablet

**Shape:** oblong

**Color:** white



**AMOUNT DUE: \$0.00**

CALL YOUR DOCTOR FOR MEDICAL ADVICE ABOUT SIDE EFFECTS. YOU MAY REPORT SIDE EFFECTS TO THE FDA AT 1-800-FDA-1088.

- Having a family member with the disorder.
- Having an imbalance of certain chemicals in the brain (neurotransmitters).
- Experiencing stress, such as illness, divorce, financial problems, or a death.
- Having certain conditions that affect the brain or spinal cord (neurologic conditions).
- Having had a brain injury (trauma).

The following factors may make you more likely to develop this condition:

## What increases the risk?

The cause of this condition is not known.

## What are the causes?

People with bipolar 2 disorder have had at least one episode of hypomania (hypomanic episode) in their lives, which is usually followed by a depressive episode. Some people may have cycles of hypomanic and depressive episodes. Some people with bipolar 2 disorder may lead a very normal life between episodes.

Bipolar 2 disorder is a mental health disorder in which a person has episodes of emotional highs and episodes of emotional lows, or depression. In bipolar 2 disorder, the episodes of emotional highs are less extreme and do not last as long as in bipolar 1 disorder. These highs are called hypomania.

## Bipolar 2 Disorder

Document Revised: 04/10/2020 Document Reviewed: 04/13/2018  
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This information is not intended to replace advice given to you by your health care provider. Make sure you discuss any questions you have with your health care provider.

Document Revised: 04/10/2020 Document Reviewed: 04/13/2018  
Elsevier Patent Education © 2020 Elsevier Inc.

- Mania involves episodes of emotional highs that include having very high energy, racing thoughts, very high self-esteem, and decreased ability to concentrate.
- Episodes of mania are very intense and can last longer than a week.
- Treatment for mania may include medicines and talk therapy (psychotherapy).

## Summary

- If you ever feel like you may hurt yourself or others, or have thoughts about taking your own life, get help right away. You can go to your nearest emergency department or call:
- Your local emergency services (911 in the U.S.).
- A suicide crisis helpline, such as the National Suicide Prevention Lifeline at 1-800-273-8255. This is open 24 hours a day.

## Get help right away if:

- You think about hurting yourself or you try to hurt yourself.
- You think about suicide.

### Patient Depart Summary

Brookwood Baptist Medical Center	2010 Brookwood Medical Center Drive	Birmingham, AL 35209-6804
Patient:	DAVIS, CHRISTOPHER D	
MRN #:	01548471	
Account #:	45606944	
DOB/Age/Sex:	11/8/1985 / 35 years	/ Male
Attending Provider:	EDGE MD, KIMBERLEY G ; FARR,	
Admission Date:	8/30/2021	
Discharge Date:		



Follow these instructions at home:

- Medicines, such as mood stabilizers. Your health care provider may also recommend medicines to help you sleep, if needed.
- Talk therapy (psychotherapy) with a mental health provider.

This condition may be treated with:

How is this treated?

- Your symptoms and medical history.
- A physical exam. Your health care provider will check for physical conditions that may be causing your symptoms.
- A mental health evaluation. You may be referred to a mental health provider who specializes in diagnosing and treating mood disorders.

This condition may be diagnosed based on:

How is this diagnosed?

- Very high energy or restlessness.
- Decreased need for sleep.
- Very high self-esteem or self-confidence.
- Being unusually talkative, or feeling a need to keep talking. Speech may be very fast. It may seem like you cannot stop talking.
- Racing thoughts or constant talking, with quick shifts between topics that may or may not be related (flight of ideas).
- Decreased ability to focus or concentrate.
- Increased nonproductive activity, such as work, study, or social activity.
- Increased nonproductive activity. This could be pacing, squirming and fidgeting, or finger and toe tapping.
- Being more irritable.
- Impulsive behavior and poor judgment. This may result in high-risk activities, such as having unprotected sex or spending a lot of money.

Symptoms of this condition include:

What are the signs or symptoms?

- Not getting enough sleep.
  - Using substances such as tobacco, caffeine, or illegal drugs.
  - Certain prescription medicines, such as antidepressants or antibiotics.
  - Stress or emotional events.
  - Certain seasons. Hypomania is more common in spring and summer.
  - The period of time after having a baby (postpartum period).
- If you have a mood disorder, the following factors may increase your risk of developing hypomania:
- You are more likely to develop hypomania if you have a mood disorder, especially bipolar disorder:

What increases the risk?

Patient Depart Summary

Patient:		DAVIS, CHRISTOPHER D		Attending Provider:		EDGE MD, KIMBERLEY G ; FARR,	
MRN #:		01548471		Admission Date:		8/30/2021	
Account #:		45606944		Discharge Date:			
DOB/Age/Sex:		11/8/1985 / 35 years				/ Male	



**Your Prescription Receipt**

**DAVIS, CHRISTOPHER D**  
8324 12TH AVE S  
BIRMINGHAM, AL 35206  
(205) 504-6113 DOB: 11/08/1985

Publix Pharmacy# 1512  
230 20TH STREET SOUTH  
BIRMINGHAM, AL 35233  
Phone# (205) 250-7174

Rx: **6150258**                      **Refill**  
Filled: 11/15/21

**SPIRONOLACTONE 50 MG TAB**  
NDC: 68382-0661-01                      Mfg: ZYDUS PHARMACEU                      Lot#: Z101349  
Qty: 30                      Days: 30                      Expiration: 11/15/2022

**No Refills. Auth Required.**  
LATORYA FRANKS  
Primary Ins. FED MEDICAID ALABAMA  
Primary Ref. # 2521319019371

**Your plan(s) have saved you \$23.95**

**Your Medication**  
**NDC#** 68382-0661-01  
**Side 1** - 661  
**Side 2** -  
**Form:** tablet  
**Shape:** oval  
**Color:** white

**AMOUNT DUE:** \$0.00



CALL YOUR DOCTOR FOR MEDICAL ADVICE ABOUT SIDE EFFECTS. YOU MAY REPORT SIDE EFFECTS TO THE FDA AT 1-800-FDA-1088.

- You have a fever or chills.
- You are having more trouble with walking.
- You have new symptoms.

### **Get help right away if:**

- Your foot, leg, toes, or ankle:
  - Tingles or becomes numb.
  - Becomes swollen.
  - Turns pale or blue.

### **Summary**

- Ankle pain can occur on either side or the back of one ankle or both ankles.
- Ankle pain may be sharp and burning or dull and aching.
- Rest your ankle as told by your health care provider. If told, apply ice to the area.
- Take over-the-counter and prescription medicines only as told by your health care provider.

This information is not intended to replace advice given to you by your health care provider. Make sure you discuss any questions you have with your health care provider.

Document Revised: 04/07/2020 Document Review ed: 06/26/2019  
Elsevier Patient Education © 2021 Elsevier Inc.

### **ADDITIONAL INFORMATION**

**YOU MAY RETURN TO THE EMERGENCY DEPARTMENT ANY TIME IF YOUR CONDITION WORSENS, DOES NOT IMPROVE, OR IF YOU HAVE A NEW PROBLEM.**

The examination and treatment you have received in the Emergency Department was given on an Emergency basis only. It is important that you contact your follow-up doctor or any other doctor you choose for continued care. Please report to your doctor any new or worsening problem(s).

Call your doctor if you have changes in your mental health status (unusual behavior, confusion, feelings or thoughts of suicide). You may also call the National Suicide Prevention Lifeline. This is a 24-hour, toll-free suicide prevention service available to anyone in suicidal crisis. If you need help, please dial 1-800-273-TALK (8255). You will be routed to the closest possible crisis center in your area.

myUABMedicine is our online patient portal that gives you convenient, secure, 24/7 access to your UAB Medicine electronic health record and allows you to communicate with your UAB Medicine health care providers. For more information or to self-enroll, visit [uabmedicine.org/me](https://uabmedicine.org/me).

**We offer the ability for you to securely connect health management apps to the UAB Medicine electronic health record. To learn more about this capability, please visit**

Name: DAVIS, CHRISTOPHER  
MRN: 000003160172

**Brookwood Baptist Medical Center**  
2010 Brookwood Medical Center Drive  
Birmingham, AL 35209-6804

**Attending Provider:** EDGE MD,KIMBERLEY G ; FAF  
**Admission Date:** 8/30/2021  
**Discharge Date:**

Male

Patient Depart Summary

What should I watch out for?

Be aware of a drop in blood glucose (hypoglycemia), especially if you use insulin or take certain oral diabetes medications. Hypoglycemia is a life-threatening condition. Symptoms of hypoglycemia (sleepiness, dizziness, and confusion) are often mistaken for being too much alcohol.

Your provider says that alcohol is safe for you, follow these guidelines:

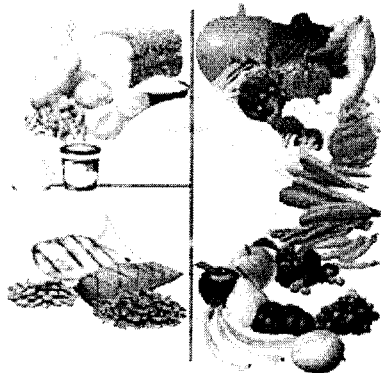
Limit your alcohol intake to no more than 1 drink per day for nonpregnant women and 2 drinks per day for men. One drink equals 12 oz of beer, 5 oz of wine, or 1½ oz of hard liquor.

**Do not** drink on an empty stomach.

Keep yourself hydrated with water, diet soda, or unsweetened iced tea.

- Keep in mind that regular soda, juice, and other mixers may contain a lot of sugar and must be counted as carbs.

What are tips for following this plan?



Reading food labels

- Start by checking the serving size on the "Nutrition Facts" label of packaged foods and drinks. The amount of calories, carbs, fats, and other nutrients listed on the label is based on one serving of the item. Many items contain more than one serving per package.
- Check the total grams (g) of carbs in one serving. You can calculate the number of servings of carbs in one serving by dividing the total carbs by 15. For example, if a food has 30 g of total carbs, it would be equal to 2 servings of carbs.
- Check the number of grams (g) of saturated and trans fats in one serving. Choose foods that have low or no amount of these fats.
- Check the number of milligrams (mg) of salt (sodium) in one serving. Most people should limit total sodium intake to less than 2,300 mg per day.
- Always check the nutrition information of foods labeled as "low-fat" or "nonfat". These foods may be higher in added sugar or refined carbs and should be avoided.
- Talk to your dietitian to identify your daily goals for nutrients listed on the label.

Shopping

- Avoid buying canned, premade, or processed foods. These foods tend to be high in fat, sodium, and added sugar.

CarePoints	
Jefferson, AL 35233	Date: November 15, 2021 Message ID: 72614197-1393

MEDICATION GUIDE  
for Nonsteroidal Anti-inflammatory Drugs (NSAIDs)

What is the most important information I should know about medicines called Nonsteroidal Anti-inflammatory Drugs (NSAIDs)?

NSAIDs can cause serious side effects, including:

- Increased risk of a heart attack or stroke that can lead to death. This risk may happen early in treatment and may increase:
  - with increasing doses of NSAIDs
  - with longer use of NSAIDs

Do not take NSAIDs right before or after a heart surgery called a “coronary artery bypass graft (CABG).”

Avoid taking NSAIDs after a recent heart attack, unless your healthcare provider tells you to. You may have an increased risk of another heart attack if you take NSAIDs after a recent heart attack.

- Increased risk of bleeding, ulcers, and tears (perforation) of the esophagus (tube leading from the mouth to the stomach), stomach and intestines:
  - anytime during use
  - without warning symptoms
  - that may cause death

The risk of getting an ulcer or bleeding increases with:

- past history of stomach ulcers, or stomach or intestinal bleeding with use of NSAIDs
- taking medicines called “corticosteroids”, “anticoagulants”, “SSRIs”, or “SNRIs”
- increasing doses of NSAIDs
- longer use of NSAIDs
- smoking
- drinking alcohol
- older age
- poor health
- advanced liver disease
- bleeding problems

NSAIDs should only be used:

- exactly as prescribed
- at the lowest dose possible for your treatment
- for the shortest time needed

What are NSAIDs?

NSAIDs are used to treat pain and redness, swelling, and heat (inflammation) from medical conditions such as different types of arthritis, menstrual cramps, and other types of short-term pain.

Who should not take NSAIDs?

Do not take NSAIDs:

- if you have had an asthma attack, hives, or other allergic reaction with aspirin or any other NSAIDs.
- right before or after heart bypass surgery.

Before taking NSAIDs, tell your healthcare provider about all of your medical conditions, including if you:

- have liver or kidney problems
- have high blood pressure
- have asthma
- are pregnant or plan to become pregnant. Talk to your healthcare provider if you are considering taking NSAIDs during pregnancy. You should not take NSAIDs after 29 weeks of pregnancy.
- are breastfeeding or plan to breast feed.

Tell your healthcare provider about all of the medicines you take, including prescription or over-the-counter medicines, vitamins or herbal supplements. NSAIDs and some other medicines can interact with each other and cause serious side effects. Do not start taking any new medicine without talking to your healthcare provider first.

What are the possible side effects of NSAIDs?

NSAIDs can cause serious side effects, including:

See “What is the most important information I should know about medicines called Nonsteroidal Anti-inflammatory Drugs (NSAIDs)?”

- new or worse high blood pressure
- heart failure
- liver problems including liver failure
- kidney problems including kidney failure
- low red blood cells (anemia)
- life-threatening skin reactions
- life threatening allergic reactions
- Other side effects of NSAIDs include: stomach pain, constipation, diarrhea, gas, heartburn, nausea, vomiting, and dizziness.

Get emergency help right away if you get any of the following symptoms:

- shortness of breath or trouble breathing
- chest pain
- weakness in one part or side of your body
- slurred speech
- swelling of the face or throat

Stop taking your NSAID and call your healthcare provider right away if you get any of the following symptoms:

- nausea
- more tired or weaker than usual
- diarrhea
- itching
- your skin or eyes look yellow
- indigestion or stomach pain
- flu-like symptoms
- vomit blood
- there is blood in your bowel movement or it is black and sticky like tar
- unusual weight gain
- skin rash or blisters with fever
- swelling of the arms, legs, hands and feet

**Your Prescription Receipt**

**DAVIS, CHRISTOPHER D**  
8324 12TH AVE S  
BIRMINGHAM, AL 35206  
(205) 504-6113 DOB: 11/08/1985

Publix Pharmacy# 1512  
230 20TH STREET SOUTH  
BIRMINGHAM, AL 35233  
Phone# (205) 250-7174

Rx: **6155271**                      **Refill**  
Filled: 03/16/22

**DIVALPROEX DR 250 MG TAB**  
NDC: 68001-0473-00                      Mfg: BLUEPOINT LABOR                      Lot#: ZDPM21038  
Qty: 90                      Days: 30                      Expiration: 03/16/2023

**7 Refills by 09/07/2022**  
BENJAMIN BREAZILE  
Primary Ins. FED MEDICAID ALABAMA  
Primary Ref. # 2522075015497

**Your plan(s) have saved you \$139.95**

**Your Medication**  
**NDC#** 68001-0473-00  
**Side 1 -** UL250  
**Side 2 -**  
**Form:** tablet, delayed  
release (DR/EC)  
**Shape:** oval

**AMOUNT DUE:** \$0.00



CALL YOUR DOCTOR FOR MEDICAL ADVICE ABOUT SIDE EFFECTS. YOU MAY REPORT SIDE EFFECTS TO THE FDA AT 1-800-FDA-1088.

**Brookwood Baptist Medical Center**  
2010 Brookwood Medical Center Drive  
Birmingham, AL 35209-6804

**Patient:** DAVIS, CHISTOPHER D  
**MRN #:** 01548471  
**Account #:** 45606944  
**DOB/Age/Sex:** 11/8/1985 / 35 years / Male

**Attending Provider:** EDGE MD, KIMBERLEY G ; FARR,  
**Admission Date:** 8/30/2021  
**Discharge Date:**

*Patient Depart Summary*

- Follow instructions from your health care providers about managing your diabetes. Your diabetes may be managed by a team of health care providers who can teach you how to care for yourself and can answer questions that you have.
- Your health care provider will tell you how often you need medical visits depending on your diabetes management plan. Keep all follow-up visits as directed. This is important so possible problems can be identified early and complications can be avoided or treated.

This information is not intended to replace advice given to you by your health care provider. Make sure you discuss any questions you have with your health care provider.

Document Revised: 03/18/2019 Document Reviewed: 09/16/2017  
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**Diabetes Mellitus and Nutrition, Adult**

When you have diabetes (diabetes mellitus), it is very important to have healthy eating habits because your blood sugar (glucose) levels are greatly affected by what you eat and drink. Eating healthy foods in the appropriate amounts, at about the same times every day, can help you:

- Control your blood glucose.
- Lower your risk of heart disease.
- Improve your blood pressure.
- Reach or maintain a healthy weight.

Every person with diabetes is different, and each person has different needs for a meal plan. Your health care provider may recommend that you work with a diet and nutrition specialist (dietitian) to make a meal plan that is best for you. Your meal plan may vary depending on factors such as:

- The calories you need.
- The medicines you take.
- Your weight.
- Your blood glucose, blood pressure, and cholesterol levels.
- Your activity level.
- Other health conditions you have, such as heart or kidney disease.

**How do carbohydrates affect me?**

Carbohydrates, also called carbs, affect your blood glucose level more than any other type of food. Eating carbs naturally raises the amount of glucose in your blood. Carb counting is a method for keeping track of how many carbs you eat. Counting carbs is important to keep your blood glucose at a healthy level, especially if you use insulin or take certain oral diabetes medicines.

It is important to know how many carbs you can safely have in each meal. This is different for every person. Your dietitian can help you calculate how many carbs you should have at each meal and for each snack.

Foods that contain carbs include:

- Bread, cereal, rice, pasta, and crackers.
- Potatoes and corn.
- Peas, beans, and lentils.
- Milk and yogurt.
- Fruit and juice.
- Desserts, such as cakes, cookies, ice cream, and candy.

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**Admission Date:** 8/30/2021  
**Discharge Date:**

Patient Depart Summary

Advance Directives

Advance Directive -  
No  
Advance Directive Additional Information -  
Information refused

Reason for Your Visit

covid virus

Your Diagnosis

Acute kidney injury  
COVID-19  
Diarrhea  
Bipolar disorder

What to do next

You Need to Schedule the Following Appointments

**Follow Up with** FRANKS PAC,  
LATORYA, Family Practice  
**When:** Within 10-14 days

**Why:** Call for follow up appointment  
**Where:** 1925 AVENUE E  
BIRMINGHAM, AL 35218-  
(205) 788-5164

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*Patient Depart Summary*

- Talk with your pharmacist or health care provider about all the medicines that you take, their possible side effects, and which medicines are safe to take together.
- Make it your goal to take part in all treatment decisions (shared decision-making). Ask about possible side effects of medicines that your health care provider recommends, and tell him or her how you feel about having those side effects. It is best if shared decision-making with your health care provider is part of your total treatment plan.

If you are taking medicines as part of your treatment, do not stop taking medicines before you ask your health care provider if it is safe to stop. You may need to have the medicine slowly decreased (tapered) over time to lower the risk of harmful side effects.

**Relationships**



Spend time with people whom you trust and with whom you feel a sense of understanding and calm. Try to find friends or family members who make you feel safe and can help you control feelings of mania. Consider going to couples counseling, family education classes, or family therapy to:

- Educate your loved ones about your condition and offer suggestions about how they can support you.
- Help resolve conflicts.
- Help develop communication skills in your relationships.

**How to recognize changes in your condition**

Everyone responds differently to treatment for bipolar disorder. Some signs that your condition is improving include:

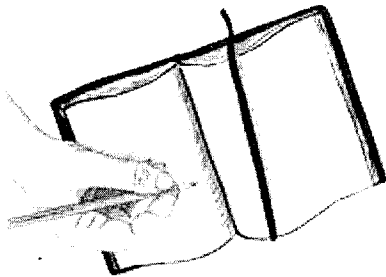
- Leveling of your mood. You may have less anger and excitement about daily activities, and your low moods may not be as bad.
- Your symptoms being less intense.
- Feeling calm more often.
- Thinking clearly.
- Not experiencing consequences for extreme behavior.
- Feeling like your life is settling down.
- Your behavior seeming more normal to you and to other people.

Some signs that your condition may be getting worse include:

- Sleep problems.
- Moods cycling between deep lows and unusually high (excess) energy.
- Extreme emotions.
- More anger at loved ones.
- Staying away from others, or isolating yourself.
- A feeling of power or superiority.
- Completing a lot of tasks in a very short amount of time.
- Unusual thoughts and behaviors.



- Take over-the-counter and prescription medicines only as told by your health care provider.



Follow these instructions at home:

- Medicines, such as mood stabilizers. Your health care provider may also recommend medicines to help you sleep, if needed.
- Talk therapy (psychotherapy) with a mental health provider.

This condition may be treated with:

How is this treated?

- Your symptoms and medical history.
- A physical exam. Your health care provider will check for physical conditions that may be causing your symptoms.
- A mental health evaluation. You may be referred to a mental health provider who specializes in diagnosing and treating mood disorders.

This condition may be diagnosed based on:

How is this diagnosed?

- Very high energy or restlessness.
- Decreased need for sleep.
- Very high self-esteem or self-confidence.
- Being unusually talkative, or feeling a need to keep talking. Speech may be very fast. It may seem like you cannot stop talking.
- Racing thoughts or constant talking, with quick shifts between topics that may or may not be related (flight of ideas).
- Decreased ability to focus or concentrate.
- Increased purposeful activity, such as work, study, or social activity.
- Increased nonproductive activity. This could be pacing, squirming and fidgeting, or finger and toe tapping.
- Being more irritable.
- Impulsive behavior and poor judgment. This may result in high-risk activities, such as having unprotected sex or spending a lot of money.

Symptoms of this condition include:

What are the signs or symptoms?

- The period of time after having a baby (postpartum period).

Patient Depart Summary

Brookwood Baptist Medical Center 2010 Brookwood Medical Center Drive Birmingham, AL 35209-6804		Patient: DAVIS, CHRISTOPHER D	
Attending Provider: EDGE MD, KIMBERLEY G ; FARRA,		MRN #: 01548471	DOB/Age/Sex: 11/8/1985 / 35 years
Admission Date: 8/30/2021		Account #: 45606944	/ Male
Discharge Date:			



**Brookwood Baptist Medical Center**  
2010 Brookwood Medical Center Drive  
Birmingham, AL 35209-6804

Patient:	DAVIS, CHISTOPHER D	Attending Provider:	EDGE MD, KIMBERLEY G ; FARR,
MRN #:	01548471	Admission Date:	8/30/2021
Account #:	45606944	Discharge Date:	
DOB/Age/Sex:	11/8/1985 / 35 years / Male		

*Patient Depart Summary*

- Follow a set daily schedule.
- Eat a healthy diet that includes fresh fruits and vegetables, whole grains, low-fat dairy, and lean meat.
- Get at least 7–8 hours of sleep each night.
- Avoid using products that contain nicotine or tobacco. If you want help quitting, ask your health care provider.
- **Do not** use drugs.

**Alcohol use**

- **Do not** drink alcohol if:
  - Your health care provider tells you not to drink.
  - You are pregnant, may be pregnant, or are planning to become pregnant.
- If you drink alcohol:
  - Limit how much you use to:
    - 0–1 drink a day for women.
    - 0–2 drinks a day for men.
  - Be aware of how much alcohol is in your drink. In the U.S., one drink equals one 12 oz bottle of beer (355 mL), one 5 oz glass of wine (148 mL), or one 1½ oz glass of hard liquor (44 mL).

**General instructions**

- Take over-the-counter and prescription medicines only as told by your health care provider. You may think about stopping your medicine, but it is very important to take your medicine as prescribed.
- Consider joining a support group. Your health care provider may be able to recommend one.
- Talk with your family and friends about your treatment goals and how they can help.
- Keep all follow-up visits as told by your health care provider. This is important.

**Where to find more information**

- National Alliance on Mental Illness: [www.nami.org](http://www.nami.org)
- National Institute of Mental Health: [www.nimh.nih.gov](http://www.nimh.nih.gov)

**Contact a health care provider if:**

- Your symptoms get worse, or your loved ones tell you that your symptoms are getting worse.
- You have uncomfortable side effects from your medicine.
- You have trouble sleeping.
- You have trouble doing daily activities.
- You feel unsafe in your surroundings.
- You are self-medicating with alcohol or drugs.

**Get help right away if:**

- You have new symptoms.
- You have thoughts about harming yourself or others.
- You are considering suicide.

**If you ever feel like you may hurt yourself or others, or have thoughts about taking your own life, get help right away. You can go to your nearest emergency department or call:**

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<b>MRN #:</b>	01548471	<b>Admission Date:</b>	8/30/2021
<b>Account #:</b>	45606944	<b>Discharge Date:</b>	
<b>DOB/Age/Sex:</b>	11/8/1985 / 35 years / Male		

*Patient Depart Summary*

- Avoid using products that contain nicotine or tobacco. If you want help quitting, ask your health care provider.
- **Do not** use drugs.

**Alcohol use**

- **Do not** drink alcohol if:
  - Your health care provider tells you not to drink.
  - You are pregnant, may be pregnant, or are planning to become pregnant.
- If you drink alcohol:
  - Limit how much you use to:
    - 0–1 drink a day for women.
    - 0–2 drinks a day for men.
  - Be aware of how much alcohol is in your drink. In the U.S., one drink equals one 12 oz bottle of beer (355 mL), one 5 oz glass of wine (148 mL), or one 1½ oz glass of hard liquor (44 mL).

**General instructions**

- Take over-the-counter and prescription medicines only as told by your health care provider. You may think about stopping your medicine, but it is very important to take all your medicine as prescribed.
- Consider joining a support group. Your health care provider may be able to recommend one.
- Talk with your family and friends about your treatment goals and how they can help.
- Keep all follow-up visits as told by your health care provider. This is important.

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- National Institute of Mental Health: [www.nimh.nih.gov](http://www.nimh.nih.gov)

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- You have uncomfortable side effects from your medicine.
- You have trouble sleeping.
- You have trouble doing daily activities.
- You feel unsafe in your surroundings.
- You are self-medicating with alcohol or drugs.

**Get help right away if:**

- You have new symptoms.
- You have thoughts about harming yourself or others.
- You are considering suicide.

**If you ever feel like you may hurt yourself or others, or have thoughts about taking your own life, get help right away. You can go to your nearest emergency department or call:**

- **Your local emergency services (911 in the U.S.).**
- **A suicide crisis helpline, such as the National Suicide Prevention Lifeline at 1-800-273-8255. This is open 24 hours a day.**

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<b>DOB/Age/Sex:</b>	11/8/1985 / 35 years / Male		

*Patient Depart Summary*

- Suicidal thoughts.

**Follow these instructions at home:**

**Medicines**

- Take over-the-counter and prescription medicines only as told by your health care provider or pharmacist.
- Ask your pharmacist what over-the-counter cold medicines you should avoid. Some medicines can make symptoms worse.

**General instructions**

- Ask for support from trusted family members or friends to make sure you stay on track with your treatment.
- Keep a journal to write down your daily moods, medicines, sleep habits, and life events. This may help you have more success with your treatment.
- Make and follow a routine for daily meal times. Eat healthy foods, such as whole grains, vegetables, and fresh fruit.
- Try to go to sleep and wake up around the same time every day.
- Keep all follow-up visits as told by your health care provider. This is important.

**Where to find support**

**Talking to others**

- Try making a list of the people you may want to tell about your condition, such as the people you trust most.
- Plan what you are willing and not willing to talk about. Think about your needs ahead of time, and how your friends and family members can support you.
- Let your loved ones know when they can share advice and when you would just like them to listen.
- Give your loved ones information about bipolar disorder, and encourage them to learn about the condition.

**Finances**

Not all insurance plans cover mental health care, so it is important to check with your insurance carrier. If paying for co-pays or counseling services is a problem, search for a local or county mental health care center. Public mental health care services may be offered there at a low cost or no cost when you are not able to see a private health care provider.

If you are taking medicine for depression, you may be able to get the generic form, which may be less expensive than brand-name medicine. Some makers of prescription medicines also offer help to patients who cannot afford the medicines they need.

**Questions to ask your health care provider:**

- If you are taking medicines:
  - How long do I need to take medicine?
  - Are there any long-term side effects of my medicine?
  - Are there any alternatives to taking medicine?
- How would I benefit from therapy?
- How often should I follow up with a health care provider?

**Contact a health care provider if:**

- Your symptoms get worse or they do not get better with treatment.

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<b>MRN #:</b>	01548471	<b>Admission Date:</b>	8/30/2021
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<b>DOB/Age/Sex:</b>	11/8/1985 / 35 years / Male		

*Patient Depart Summary*

- Anxiety.
- Sweating and feeling clammy.
- Confusion.
- Dizziness or feeling light-headed.
- Increased heart rate or palpitations.
- Blurry vision.
- Tingling or numbness around the mouth, lips, or tongue.
- Tremors or shakes.
- Irritability.
- Keep a rapid-acting carbohydrate snack available before, during, and after exercise to help prevent or treat hypoglycemia.
- Avoid injecting insulin into areas of the body that are going to be exercised. For example, avoid injecting insulin into:
  - The arms, when playing tennis.
  - The legs, when jogging.
- Keep records of your exercise habits. Doing this can help you and your health care provider adjust your diabetes management plan as needed. Write down:
  - Food that you eat before and after you exercise.
  - Blood glucose levels before and after you exercise.
  - The type and amount of exercise you have done.
  - When your insulin is expected to peak, if you use insulin. Avoid exercising at times when your insulin is peaking.
- When you start a new exercise or activity, work with your health care provider to make sure the activity is safe for you, and to adjust your insulin, medicines, or food intake as needed.
- Drink plenty of water while you exercise to prevent dehydration or heat stroke. Drink enough fluid to keep your urine clear or pale yellow.

**Summary**

- Exercising regularly is important for your overall health, especially when you have diabetes (diabetes mellitus).
- Exercising has many health benefits, such as increasing muscle strength and bone density and reducing body fat and stress.
- Your health care provider or certified diabetes educator can help you make a plan for the type and frequency of exercise (activity plan) that works for you.
- When you start a new exercise or activity, work with your health care provider to make sure the activity is safe for you, and to adjust your insulin, medicines, or food intake as needed.

This information is not intended to replace advice given to you by your health care provider. Make sure you discuss any questions you have with your health care provider.

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**Diabetes Mellitus and Exercise**

Exercising regularly is important for your overall health, especially when you have diabetes (diabetes mellitus). Exercising is not only about losing weight. It has many other health benefits, such as increasing muscle strength and bone density and reducing body fat and stress. This leads to improved fitness, flexibility, and endurance, all of which result in better overall health.

Exercise has additional benefits for people with diabetes, including:

- Reducing appetite.
- Helping to lower and control blood glucose.
- Lowering blood pressure.

**Skip the waiting room. Get a diagnosis and treatment plan without ever leaving home.**



UAB eMedicine offers two types of online urgent care for many common conditions, from flu and sinus infections to pink eye and bladder infections. Our On-Demand Urgent Care Questionnaire is available 24/7, and we also offer On-Demand Urgent Care Video Visits for more serious common conditions.

**Common Conditions Treated:**

- Allergies
- Athlete's Foot
- Cold/Canker Sores
- Common Cold
- Eczema
- Female Bladder Infection (UTI)
- Female Yeast Infection
- Influenza (Flu)
- Pink Eye
- Sinus Infection
- Smoking Cessation
- Sore Throat

For On-Demand Urgent Care visit [uabemedicine.com](https://uabemedicine.com)

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<b>DOB/Age/Sex:</b>	11/8/1985 / 35 years / Male		

*Patient Depart Summary*

**Summary**

- Bipolar 1 disorder is a lifelong mental health disorder in which a person has episodes of mania and depression.
- This disorder is mainly treated with a combination of medicines, talk and behavioral therapies, and, often, electroconvulsive therapy (ECT).
- Include friends and family in educational sessions so they know how best to support you.
- Get help right away if you are considering suicide.

This information is not intended to replace advice given to you by your health care provider. Make sure you discuss any questions you have with your health care provider.

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**Managing Bipolar Disorder**

When someone is diagnosed with bipolar disorder, the person may be relieved to now know why he or she has felt or behaved a certain way. The person may also feel overwhelmed about the treatment ahead, how to get needed support, and how to deal with the condition each day. With care and support, a person with bipolar disorder can learn to manage his or her symptoms and live with the condition.

**How to manage lifestyle changes**

**Managing stress**



Stress is your body's reaction to life changes and events, both good and bad. Stress can play a major role in bipolar disorder, so it is important to learn how to manage stress. Some techniques to help you manage stress include:

- Meditation, muscle relaxation, and breathing exercises.
- Exercise. Even a short daily walk can help to lower stress levels.
- Getting enough good-quality sleep. Too little sleep can cause mania to start (can trigger mania).
- Making a schedule to manage your time. Knowing your daily schedule can help to keep you from feeling overwhelmed by tasks and deadlines.
- Spending time on hobbies you enjoy.

**Medicines**

Your health care provider may suggest certain medicines if he or she feels that they will help improve your condition. Avoid using caffeine, alcohol, and other substances that may prevent your medicines from working properly. It is also important to:



**Language Assistance**

Help is available in Spanish. Please call 1-855-201-7638.  
Se ofrece ayuda en español. Por favor, llame al 1-855-201-7638.

Help is available in Chinese if you live in San Francisco County, CA. Please call 1-855-201-7638.

如果您居住在加州旧金山, 可以获得中文协助。 请打1-855-201-7638.

Help is available in Tagalog if you live in Aleutians West Census Area and Aleutians East Borough Counties in AK. Pl  
1-855-201-7638.

Mayroong makukuhang tulong sa Tagalog kung ikaw ay nakatira sa Aleutians West Census Area at sa Aleutians East  
Borough Counties sa AK. Pakitawagan 1-855-201-7638.

Help is available in Navajo if you live in Apache County, AZ, McKinley County, NM, or San Juan County, UT.  
Please call 1-855-201-7638.

Tah dine'keh ji' yahti gho shi'ka a'dol wol niin ziin gho' Dziil ghaa ii beh woo'ji ha'ghii (Apache County, AZ), Hoozdoh ji doo,  
Yooto' altsi'gho ha'da'haasdzoo', ghii, (McKinley County, NM, or San Juan County, UT), ee 'dii koh'ji' Ho'diil ni 1-855-201-7638.

**Your Prescription Receipt**

**DAVIS, CHRISTOPHER D**

1209 12TH ST N  
BIRMINGHAM, AL 35204  
(205) 504-6113 DOB: 11/08/1985

Publix Pharmacy# 1512  
230 20TH STREET SOUTH  
BIRMINGHAM, AL 35233  
Phone# (205) 250-7174

Rx: **6149419** Refill  
Filled: 08/18/21

**DIVALPROEX DR 250 MG TAB**  
NDC: 29300-0139-01 Mfg: UNICHEM PHARMAC Lot#: ZDPM20052  
Qty: 90 Days: 30 Expiration: 08/18/2022

**No Refills. Auth Required.**  
LATORYA FRANKS  
Primary Ins. FED MEDICAID ALABAMA  
Primary Ref. # 2521227013290

**Your plan(s) have saved you \$139.95**

**Your Medication**

**AMOUNT DUE: \$0.00**

**NDC#** 29300-0139-01  
**Side 1** - UL250  
**Side 2** -  
**Form:** tablet, delayed  
release (DR/EC)  
**Shape:** oval



CALL YOUR DOCTOR FOR MEDICAL ADVICE ABOUT SIDE EFFECTS. YOU MAY REPORT SIDE EFFECTS TO THE FDA AT 1-800-FDA-1088

Brookwood Baptist Medical Center  
2010 Brookwood Medical Center Drive  
Birmingham, AL 35209-6804

Patient:	DAVIS, CHISTOPHER D	Attending Provider:	EDGE MD,KIMBERLEY G ; FARR,
MRN #:	01548471	Admission Date:	8/30/2021
Account #:	45606944	Discharge Date:	
DOB/Age/Sex:	11/8/1985 / 35 years / Male		

Patient Depart Summary

Heart Attack Signs

**Chest discomfort:** Most heart attacks involve discomfort in the center of the chest and lasts more than a few minutes, or goes away and comes back. It can feel like uncomfortable pressure, squeezing, fullness or pain.

**Discomfort in upper body:** Symptoms can include pain or discomfort in one or both arms, back, neck, jaw or stomach.

**Shortness of breath:** With or without discomfort.

**Other signs:** Breaking out in a cold sweat, nausea, or lightheaded.

Remember, **MINUTES DO MATTER**. If you experience any of these heart attack warning signs, call **9-1-1** to get immediate medical attention!

Suicide Awareness

If you are having thoughts of harming yourself or others, call 911 or go to the nearest emergency department. You may also contact the National Suicide Prevention Lifeline at 800-273-TALK (8255).

# **UAB MEDICINE**

## **\*\*IF YOU ARE ADMITTED INTO THE HOSPITAL\*\* PATIENT NOTIFICATION OF OUTPATIENT STATUS**

After receiving medical care in the UAB Emergency Service Department or UAB Clinic, your physician has ordered extra observation in the hospital. Your insurance carrier will decide your co-pays and deductibles based on your specific insurance plan and the medical services provided to you. **Please speak to your insurance company using the number on the back of your insurance card or your benefit handbook for detailed information.**

Your UAB physician has decided that your status for this hospital stay is Observation based on your medical condition, care needs, and guidelines outlined by your insurance company. Observation services are typically ordered for conditions that can be treated in less than 2 midnights such as stomach pain, some chest pains, nausea, headaches and fainting.

Observation means:

- Your care will **NOT** usually exceed 2 midnights.
- Your status **CAN BE** changed from Outpatient to Inpatient **IF** found to be medically necessary. The decision for Inpatient hospital admission is a difficult medical decision based on your physician's judgment and your clinical condition.
- You will be billed as having received Outpatient services, which could make you responsible for additional co-pays and deductibles.

Contact your insurance provider with any questions. Contact information is usually on the back of your insurance card.

If you have **NO HEALTH CARE COVERAGE**, UAB Hospital has financial counselors that will visit your room to discuss assistance with payment planning or you may call **Business Services at 205-934-5407**.

If you have specific questions about your status, please contact the **UAB Utilization Management Specialist Department at 205-934-3010**.

**Brookwood Baptist Medical Center**  
2010 Brookwood Medical Center Drive  
Birmingham, AL 35209-6804

**Patient:** DAVIS, CHISTOPHER D  
**MRN #:** 01548471  
**Account #:** 45606944  
**DOB/Age/Sex:** 11/8/1985 / 35 years / Male

**Attending Provider:** EDGE MD, KIMBERLEY G ; FARR,  
**Admission Date:** 8/30/2021  
**Discharge Date:**

*Patient Depart Summary*

- Shop around the outside edge of the grocery store. This includes fresh fruits and vegetables, bulk grains, fresh meats, and fresh dairy.

**Cooking**

- Use low-heat cooking methods, such as baking, instead of high-heat cooking methods like deep frying.
- Cook using healthy oils, such as olive, canola, or sunflower oil.
- Avoid cooking with butter, cream, or high-fat meats.

**Meal planning**

- Eat meals and snacks regularly, preferably at the same times every day. Avoid going long periods of time without eating.
- Eat foods high in fiber, such as fresh fruits, vegetables, beans, and whole grains. Talk to your dietitian about how many servings of carbs you can eat at each meal.
- Eat 4–6 ounces (oz) of lean protein each day, such as lean meat, chicken, fish, eggs, or tofu. One oz of lean protein is equal to:
  - 1 oz of meat, chicken, or fish.
  - 1 egg.
  - ¼ cup of tofu.
- Eat some foods each day that contain healthy fats, such as avocado, nuts, seeds, and fish.

**Lifestyle**

- Check your blood glucose regularly.
- Exercise regularly as told by your health care provider. This may include:
  - 150 minutes of moderate-intensity or vigorous-intensity exercise each week. This could be brisk walking, biking, or water aerobics.
  - Stretching and doing strength exercises, such as yoga or weightlifting, at least 2 times a week.
- Take medicines as told by your health care provider.
- **Do not** use any products that contain nicotine or tobacco, such as cigarettes and e-cigarettes. If you need help quitting, ask your health care provider.
- Work with a counselor or diabetes educator to identify strategies to manage stress and any emotional and social challenges.

**Questions to ask a health care provider**

- Do I need to meet with a diabetes educator?
- Do I need to meet with a dietitian?
- What number can I call if I have questions?
- When are the best times to check my blood glucose?

**Where to find more information:**

- American Diabetes Association: [diabetes.org](https://diabetes.org)
- Academy of Nutrition and Dietetics: [www.eatright.org](https://www.eatright.org)
- National Institute of Diabetes and Digestive and Kidney Diseases (NIH): [www.niddk.nih.gov](https://www.niddk.nih.gov)

**Summary**

- A healthy meal plan will help you control your blood glucose and maintain a healthy lifestyle.



Lifestyle

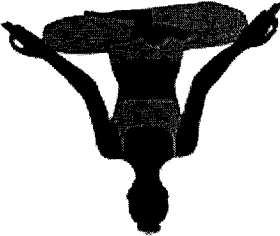
- Return to your normal activities as told by your health care provider.
- Find activities that you enjoy, and make time to do them.
- Exercise regularly as told by your health care provider.

Activity

Follow these instructions at home:

- Psychotherapy. Some forms of talk therapy, such as cognitive behavioral therapy (CBT) and family therapy, can help with learning to manage bipolar disorder.
- Psychoeducation. This helps you and others understand how this disorder is managed. Include friends and family in educational sessions so they learn how best to support you.
- Methods of managing your condition, such as journaling or relaxation exercises. Relaxation exercises include:
  - Yoga.
  - Meditation.
  - Deep breathing.
  - Lifestyle changes, such as:
    - Limiting alcohol and drug use.
    - Exercising regularly.
    - Structuring when you go to bed and when you get up.
    - Eating a healthy diet.
- Medicine. Medicine can be prescribed by a health care provider who specializes in treating mental health disorders (psychiatrist). Medicines called mood stabilizers are usually prescribed. If symptoms occur during treatment with a mood stabilizer, other medicines may be added.

This condition is a long-term (chronic) illness. It is often managed with ongoing treatment rather than treatment only when symptoms occur. A combination of treatments is the main approach. Treatment may include:



Patient Depart Summary

Patient:		DAVIS, CHRISTOPHER D	
MRN #:	01548471	Admission Date:	8/30/2021
Account #:	45606944	Discharge Date:	
DOB/Age/Sex:	11/8/1985 / 35 years / Male	Attending Provider:	EDGE MD,KIMBERLEY G , FARR,
Brookwood Baptist Medical Center			
2010 Brookwood Medical Center Drive			
Birmingham, AL 35209-6804			

Brookwood Baptist Medical Center  
2010 Brookwood Medical Center Drive  
Birmingham, AL 35209-6804

Attending Provider:  
Admission Date:  
Discharge Date:

EDGE MD,KIMBERLEY G ; FARR,  
8/30/2021

Patient: DAVIS, CHISTOPHER D  
MRN #: 01548471  
Account #: 45606944  
DOB/Age/Sex: 11/8/1985 / 35 years / Male

Patient Depart Summary

- Consider keeping a journal. Write down a daily log of your mood changes, sleep habits, life events, and medicines. Share this information with your health care provider or therapist.
- Find a supportive relative or friend who can help you manage your symptoms.
- Keep all follow-up visits as told by your health care provider. This is important.

Contact a health care provider if:

- Your symptoms do not improve or they get worse.
- You are thinking about changing your medicine or treatment program.
- You have side effects from your prescription medicines.

Get help right away if:

- You are having a mental health crisis.
- You are thinking about harming yourself or thinking about suicide.

If you ever feel like you may hurt yourself or others, or have thoughts about taking your own life, get help right away.  
You can go to your nearest emergency department or call:

- Your local emergency services (911 in the U.S.).
- A suicide crisis helpline, such as the National Suicide Prevention Lifeline at 1-800-273-8255. This is open 24 hours a day.

Summary

- Hypomania is a mild form of mania. Mania is when someone feels increased energy, excitement, or irritability that affects his or her daily life. Hypomania does not affect daily life, and it may only last for a few days.
- Symptoms of hypomania may include very high energy or restlessness, unusual talkativeness, and not being able to focus or concentrate.
- Treatment for hypomania may include mood stabilizer medicine and talk therapy (psychotherapy) with a mental health provider.

This information is not intended to replace advice given to you by your health care provider. Make sure you discuss any questions you have with your health care provider.

Document Revised: 11/30/2018 Document Reviewed: 04/13/2018  
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Hypomania

Hypomania is a condition that affects people who have certain types of bipolar disorder. It is a mild form of mania. Mania is when a person has episodes of increased energy, excitement, or irritability that affect his or her daily life. Unlike mania, hypomania does not affect daily life and it may only last for a few days. If hypomania is not treated, it can become more severe and lead to mania or depression.

What are the causes?

The cause of this condition is not known.

Report Request ID: 345556411

Your Prescription Receipt

DAVIS, CHRISTOPHER D

8324 12TH AVE S  
BIRMINGHAM, AL 35206  
(205) 504-6113    DOB: 11/08/1985

Publix Pharmacy# 1512  
230 20TH STREET SOUTH  
BIRMINGHAM, AL 35233

Phone# (205) 250-7174

Rx: 6155200            Refill

Filled: 11/15/21

LOSARTAN-HCTZ 100-25 MG TAB

NDC: 68180-0217-09            Mfg: LUPIN PHARMACEU    Lot#: H100938

Qty: 90            Days: 90            Expiration: 11/15/2022

2 Refills by 09/07/2022

BENJAMIN BREAZILE

Primary Ins. FED MEDICAID ALABAMA

Primary Ref. # 2521319019437

Your plan(s) have saved you \$235.95

Your Medication

NDC# 68180-0217-09

Side 1 - LU

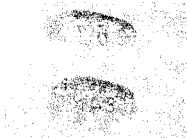
Side 2 - M43

Form: tablet

Shape: teardrop

Color: yellow

AMOUNT DUE: \$0.00



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